# DOCUMENT RESUME

ED 463 085 PS 030 230

| | |
|---|---|
| TITLE | Kids Count in Delaware, Families Count in Delaware: Fact Book, 2002. |
| INSTITUTION | Delaware Univ., Newark. Kids Count in Delaware. |
| SPONS AGENCY | Annie E. Casey Foundation, Baltimore, MD. |
| PUB DATE | 2002-00-00 |
| NOTE | 149p.; For 2000-2001 edition, see ED 448 938. |
| AVAILABLE FROM | KIDS COUNT in Delaware, Center for Community Development and Family Policy, College of Human Services, Education, and Public Policy, University of Delaware, Newark, DE 19716-7350 (Single copy, free; additional copies, $15 each). Tel: 302-831-4966; Fax: 302-831-4987; Web site: http://www.dekidscount.org. |
| PUB TYPE | Numerical/Quantitative Data (110) -- Reports - Descriptive (141) |
| EDRS PRICE | MF01/PC06 Plus Postage. |
| DESCRIPTORS | Adolescents; Birth Weight; Child Abuse; Child Health; Child Welfare; *Children; Community Support; Counties; Demography; Dropout Rate; Drug Abuse; Early Parenthood; Elementary Secondary Education; *Family (Sociological Unit); Foster Care; Health Insurance; Mortality Rate; One Parent Family; Out of School Youth; *Poverty; Preschool Education; *Social Indicators; State Surveys; Statistical Surveys; Tables (Data); Trend Analysis; *Well Being; Youth Problems |
| IDENTIFIERS | Child Mortality; *Delaware; *Indicators; Women Infants Children Supplemental Food Program |

ABSTRACT

This Kids Count Fact Book is combined with the Families Count Fact Book to provide information on statewide trends affecting children and families in Delaware. The Kids Count statistical profile is based on 11 main indicators of child well-being: (1) births to teens 15-17 years; (2) births to teens 10 to 14 years; (3) low birth weight babies; (3) infant mortality; (4) child deaths; (6) teen deaths by accident, homicide, and suicide; (7) juvenile violent crime arrests; (8) high school dropouts; (9) teens not in school and not working; (10) children in poverty; and (11) children in one-parent households. Additional issues affecting children profiled in the report include: prenatal care; children without health insurance; child abuse and neglect; and foster care. The report notes an improvement in births to teens, child death rate, and teens not graduating and not enrolled in school. Of concern are the increasing rates of low birthweight babies; infant mortality; teen deaths by accident, homicide, and suicide; teens not attending school and not working; and children in poverty. The rates of children in one-parent households and juvenile violent crime arrests have remained fairly stable. The Families Count statistical profile details the conditions of families, children, and individuals in Delaware communities. The seven indicator categories are the following: (1) unemployment; (2) risk of homelessness and substandard housing; (3) home ownership; (4) health care coverage; (5) child support; (6) adult crime; and (7) domestic violence. For each indicator, the recent trend in Delaware and Delaware compared to the U.S. average are posted. (HTH)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 463 085

PS 030230

kids count IN DELAWARE

# KIDS COUNT IN DELAWARE

# FAMILIES COUNT IN DELAWARE

## *Fact Book 2002*

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Teresa Schooley
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

BEST COPY AVAILABLE

**State of Delaware**
**Office of the Governor**

Ruth Ann Minner
Governor

Dear Friends:

As a mother and grandmother, there is no question that I hold children in a special place in my heart. They are indeed our future. During the past year as governor I have made improving the care, education and safety of Delaware's children my top priority. That is why I believe in the KIDS COUNT/FAMILIES COUNT Fact Book.

Understanding the facts is the first step to being able to devise the solutions. The statistics provided by KIDS COUNT and FAMILIES COUNT paints a poignant picture for child advocates, lawmakers, educators, business leaders and so many others about the health and well being of Delaware's children. After all, when our children are involved there can never be too much information.

I hope you find this report helpful and informative in your continued efforts to help ensure a bright future for the children of Delaware.

Sincerely,

Ruth Ann Minner

Ruth Ann Minner
Governor

Tatnall Building, Dover, Delaware, 19901 (302) 744-4101 (302) 739-2775 fax
Carvel State Office Building, Wilmington, Delaware, 19801 (302) 577-3210 (302) 577-3118 fax

# KIDS COUNT in Delaware
# FAMILIES COUNT in Delaware
# Fact Book 2002

***Funded by The Annie E. Casey Foundation, the University of Delaware, and the State of Delaware***

kids
count
IN DELAWARE

KIDS COUNT in Delaware
Center for Community Development and Family Policy
College of Human Services, Education and Public Policy • University of Delaware
Newark, DE 19716-7350
**www.dekidscount.org**

Copyright © 2002, KIDS COUNT in Delaware

Please feel free to copy all or portions of this report. We welcome further distribution
but require acknowledgment of KIDS COUNT in Delaware in any reproduction, quotation or other use.

To order additional copies for $15 each, contact: Teresa L. Schooley, Project Director, KIDS COUNT in Delaware
Center for Community Development and Family Policy • College of Human Services, Education and Public Policy • University of Delaware • Newark, DE 19716-7350

The photographs in this book do not necessarily represent the situations described.

# Acknowledgments

## Staff

**Teresa L. Schooley**
Project Director, KIDS COUNT in Delaware
Center for Community Development and Family Policy, University of Delaware

**Christine Dawson**
Graduate Research Assistant
Center for Community Development and Family Policy, University of Delaware

**Stephanie Ferrell**
Graduate Research Assistant
Center for Community Development and Family Policy, University of Delaware

**Tracy L. Mann**
Graduate Research Assistant
Center for Community Development and Family Policy, University of Delaware

**Janice Barlow**
Assistant to the Director
Center for Community Development and Family Policy, University of Delaware

## Design

**Karen Kaler**
RSVP Design

***A special thank you to the Delaware children featured on the cover and throughout this book.***

***On the cover: Melissa, from North Wilmington, and Mukai, from Bear, were born 9 days apart at Christiana Hospital. Their families attend church together in Newark. Now age 3, they are "lifelong friends." Also pictured are their mothers and siblings, Jenny and Kundai.***

## KIDS COUNT Board

**Steven A. Dowshen, M.D., Chair**
Alfred I. duPont Hospital for Children

**Benjamin Fay, Vice Chair**
Committee on Early Education and Social Services

**Prue Albright, R.N., M.S.N.**
Public Health Nursing Director
Division of Public Health

**Gwendoline B. Angalet, Ph.D.**
Department of Services for Children, Youth and Their Families

**Jana Lane-Brown**
Director, Wilmington Department of Youth and Families

**Donna Curtis**
Educator

**Thomas P. Eichler**
Stand Up for What's Right and Just (SURJ)

**Ann R. Gorrin**
READ-ALOUD Delaware

**Theodore W. Jarrell, Ph.D.**
Delaware Health Statistics Center
Delaware Health and Social Services

**Tyrone Jones**
Office of Senator Tom Carper

**Sam Lathem**
United Auto Workers

**Patricia Tanner Nelson, Ed.D.**
Cooperative Extension, University of Delaware

**Anthony M. Policastro, M.D.**
Medical Director, Nanticoke Hospital

**Helen C. Riley**
Executive Director,
St. Michael's Day Nursery

**Dale Sampson-Levin, M.S.W.**
Action for Delaware Families and Children

**Sandra M. Shelnutt, M.S.W.**
Alliance for Adolescent Pregnancy Prevention

**Starlene Taylor, Ed.D.**
Cooperative Extension
Delaware State University

**Nancy Wilson, Ph.D.**
Department of Education

Special thanks to ***John Laznik***, Center for Applied Demography and Survey Research, for poverty maps.

## Data Committee for KIDS COUNT in Delaware/ FAMILIES COUNT in Delaware

**Theodore W. Jarrell, Ph.D., Chair**
Delaware Health Statistics Center
Delaware Health and Social Services

**Celeste R. Anderson**
Division of Management Services
Delaware Health and Social Services

**Peter Antal**
Wilmington Healthy Start, University of Delaware

**Steven A. Dowshen, M.D.**
Alfred I. duPont Hospital for Children

**Amelia E. Hodges**
Department of Education

**Tammy J. Hyland**
Delaware State Police

**O'Shell Howell**
Delaware Economic Development Office

**Steven S. Martin**
Scientist, Center for Drug and Alcohol Studies
University of Delaware

**Carl W. Nelson, Ph.D.**
Division of Management Support Services
Department of Services for Children, Youth and Their Families

**Edward C. Ratledge**
Director, Center for Applied Demography and Survey Research
University of Delaware

**Robert A. Ruggiero**
Delaware Health Statistics Center
Delaware Health and Social Services

## Thanks for the data:

- Delaware Department of Corrections
- Delaware Department of Education
- Delaware Dept. of Health and Social Services
- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children, Youth and Their Families
- Center for Applied Demography and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center

*Dedicated to
all the people in
Delaware who work
to build a future
for our children*

# A Message from KIDS COUNT in Delaware

Bridgeville, Newark, Smyrna, Dover, Wilmington, Harrington...... places in our state where children live and grow. You'll see their faces throughout this publication—playing, reading, working, having fun, smiling with families and friends. However not all children in our state grow and thrive as they should, and this Fact Book draws attention to the inequality that exists for our state's children, some of whom face seemingly insurmountable barriers to success.

Rehoboth Beach

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by The Annie E. Casey Foundation. Through this project, housed at the Center for Community Development and Family Policy at the University of Delaware, led by a Board of committed and concerned children's advocates from the public and private sector, we bring together the best available data to measure the health, economic, educational and social well-being of children and families. This publication represents our ongoing effort to paint a picture which will inform public policy and spur community action.

This effort is combined with Governor Minner's commitment to children and families through the FAMILIES COUNT in Delaware initiative, which expands upon the ten tracking indicators of the National KIDS COUNT Data Book to look at a broad range of indicators related to children and families. For the fourth year, we are pleased to present to you both KIDS COUNT and FAMILIES COUNT as a combined publication and believe it represents a statewide commitment to monitor outcomes and show that both children and families do matter, do count, in this state.

The rising number of children in poverty has emerged as a concern both of KIDS COUNT and Governor Minner's administration. We have included additional data on this indicator to shed some light on the underlying issues. Although the census tract maps, created by the Center for Applied Demography and Survey Research, showing the number of children in poverty in our three counties depict data from the 1990 census, we felt the information was important to include. When the 2000 Census data on poverty is released during mid-2002, we will update our maps and present additional material.

We at KIDS COUNT do not want you to think of this publication as just a report, but rather as a tool to guide, direct and motivate policy leaders, advocates, and the public to do what they can to improve the quality of life for Delaware's children and families. This might mean volunteering as a mentor for a disadvantaged youth, creating a child care center in the workplace, or passing legislation to enable all children in poverty to attend a pre-school program. It means working with our friends, relatives, and co-workers to ensure that elected officials make tax and spending choices that will help children succeed. It means becoming actively involved in building a stronger Delaware, one step at a time.

**Do your part to make kids and families count in Delaware!**

| | |
|---|---|
| ***Steven A. Dowshen. M.D.*** | ***Theodore W. Jarrell, Ph.D.*** |
| Chair | Chair |
| Board | Data Committee |

# Table of Contents

A Message from Kids Count in Delaware .......... 4
List of Data Tables .......... 6
Kids Count in Delaware Introduction .......... 8
Counting the Kids: Delaware Demographics .......... 11
*The Indicators* .......... 19
Overview .......... 20
Births to Teens .......... 22
Low Birth Weight Babies .......... 27
Infant Mortality .......... 30
Child Deaths Children 1–14 Years of Age .......... 34
Teen Deaths by Accident, Homicide, & Suicide .......... 38
Juvenile Violent Crime Arrests .......... 42
High School Dropouts .......... 45
Teens Not in School and Not Working .......... 48
Children in Poverty .......... 50
Children in One-Parent Households .......... 56
*Other Issues Affecting Delaware Children* .......... 59
Prenatal Care .......... 60
Children without Health Insurance .......... 62
Women and Children Receiving WIC .......... 64
Child Immunizations .......... 65
Lead Poisoning .......... 66
Child Abuse and Neglect .......... 67
Childhood Asthma .......... 68
Early Care and Education:
  Early Intervention .......... 70
  Head Start and Early Childhood Assistance Program .......... 71
  Early Care and Education and School-Age Child Care .......... 72
Student Achievement .......... 74
Children Receiving Free and Reduced-Price School Meals .......... 78
Alcohol, Tobacco, and Other Drugs .......... 80
Healthy Lifestyles .......... 82
Foster Care .......... 84
Juvenile Delinquents in Out-of-Home Care .......... 85
Sexually Transmitted Diseases .......... 86
*Other Issues Affecting Delaware Families* .......... 87
Unemployment .......... 88
Risk of Homelessness and Substandard Housing .......... 90
Home Ownership .......... 91
Health Care Coverage .......... 92
Child Support .......... 93
Adult Crime .......... 94
Domestic Violence .......... 95
*Other Issues Affecting Communities: Social Capital* .......... 97
*Data Tables* .......... 103

Rehoboth Beach

# Data Tables

Harrington

## Demographics

Table 1: Population ........ 105
Table 2: Population of Delaware Cities ........ 106
Table 3: Hispanic Population Estimates ........ 106
Table 4: Families with Children ........ 107
Table 5: Children and Their Living Arrangements ........ 107

## Births to Teens

Table 6: Teen Birth Rates ........ 108
Table 7: Teen Birth Rates (15–17 year olds) ........ 109
Table 8: Pre- and Young Teen Birth Rates (10–14 year olds) ........ 109
Table 9: Teen Mothers Who Are Single ........ 110
Table 10: Births by Race, Hispanic Origin, and Age of Mother ........ 111

## Low Birth Weight Babies

Table 11: Percentage of Low Birth Weight Births ........ 112
Table 12: Percentage of Very Low Birth Weight Births ........ 112
Table 13: Low Birth Weight Births by Age, Race and Hispanic Origin of Mother ........ 113
Table 14: Very Low Birth Weight Births by Age, Race and Hispanic Origin of Mother ........ 114
Table 15: Prenatal Care ........ 115
Table 16: Births by Birth Weight, Race and Hispanic Origin of Mother and Adequacy of Prenatal Care ........ 116
Table 17: Births by Birth Weight, Age of Mother and Adequacy of Prenatal Care ........ 117
Table 18: Births by Birth Weight, Marital Status, and Adequacy of Prenatal Care ........ 118

## Infant Mortality

Table 19: Infant, Neonatal and Postneonatal Mortality Rates ........ 118
Table 20: Infant Mortality Rates by Race and Hispanic Origin ........ 119
Table 21: Infant Mortality Rates by Risk Factor ........ 120
Table 22: Infant Deaths by Causes of Death and Race of Mother ........ 121

## Child Deaths

Table 23: Child Death Rates ........ 122
Table 24: Causes of Deaths of Children by Age ........ 122

## Teen Deaths

Table 25: Teen Death Rates ........ 123
Table 26: Traffic Arrests of Teens ........ 123

## Juvenile Violent Crime

Table 27: Violent Juvenile Arrests ........ 124
Table 28: Juvenile Part I Violent Crime Arrests ........ 124
Table 29: Juvenile Part I Property Crime Arrests ........ 124
Table 30: Juvenile Part II Crime Arrests ........ 125
Table 31: Juvenile Drug Arrests ........ 125
Table 32: 8th Graders Using Substances ........ 126
Table 33: 11th Graders Using Substances ........ 126
Table 34: Student Violence and Possession ........ 127

Table 35: Student Violence and Possession by County .......... 127
Table 36: Student Violence and Possession by Age .......... 128
Table 37: Student Violence and Possession by Race/Ethnicity .......... 128
Table 38: Violent Adult Arrests .......... 129
Table 39: Violent Adult Arrests, Adults 18–39 .......... 129

### *School Dropouts*

Table 40: Dropouts .......... 129
Table 41: Dropouts and Enrollment by Race/Ethnicity .......... 130
Table 42: Dropout Rate and Percentage by Race/Ethnicity .......... 130
Table 43: Dropouts and Enrollment by Race/Ethnicity and Gender .......... 131
Table 44: Dropout Rate and Percentage by Race/Ethnicity and Gender .......... 131
Table 45: Dropouts by Race/Ethnicity .......... 131

### *Teens Not in School and Not in the Labor Force*

Table 46: Teens Not in School and Not in the Labor Force .......... 132
Table 47: Teens Not in School and Not Working .......... 132

### *Children in Poverty*

Table 48: Children in Poverty .......... 133
Table 49: Children in Poverty by Household Structure .......... 133
Table 50: Income of Families with Children by Family Type .......... 133
Table 51: Subsidized Child Care .......... 134
Table 52: Free and Reduced-Price Breakfasts .......... 134
Table 53: Free and Reduced-Price Lunches .......... 135
Table 54: Children Without Health Insurance .......... 135
Table 55: Health Insurance .......... 136
Table 56: Poverty Thresholds .......... 136
Table 57: Home Ownership .......... 136

### *Children in One-Parent Families*

Table 58: Children in One-Parent Households .......... 137
Table 59: Poverty Rates for One-Parent Families .......... 137
Table 60: Poverty Rates for Female Householder Families .......... 137
Table 61: Female Headed Families in Poverty .......... 138
Table 62: Child Support Paid .......... 138
Table 63: Births to Single Mothers .......... 139

### *Miscellaneous Tables*

Table 64: Unemployment .......... 140
Table 65: Available Child Care .......... 140
Table 66: School Age Programs .......... 141
Table 67: Site-Based Public School Age Programs .......... 141
Table 68: Child Care Costs .......... 141
Table 69: Hospitalizations for Childhood Asthma .......... 142
Table 70: Child Immunizations .......... 142
Table 71: Lead Poisoning .......... 143
Table 72: Sexually Transmitted Diseases .......... 143
Table 73: Child Abuse and Neglect .......... 144
Table 74: Foster Care .......... 144

Harrington

# KIDS COUNT in Delaware

Welcome to the fourth edition of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware, a collaborative project of the State of Delaware and KIDS COUNT which is housed in the Center for Community Development and Family Policy at the University of Delaware. Since 1995 KIDS COUNT in Delaware has been reporting on the status of children in the state and, working with the State of Delaware since 1998, has been monitoring the conditions of families, children and individuals in the community.

For the first time KIDS COUNT and FAMILIES COUNT have been combined into a unified publication. Indicators are organized by:

***The ten featured KIDS COUNT National Indicators***

***Issues affecting children***

***Issues affecting families***

***Issues affecting communities***

Wilmington

The ten featured indicators in this book have been chosen by the national KIDS COUNT project because they provide a picture of the actual condition of children rather than a summary of the programs delivered or funds expended on behalf of children. These indicators have three attributes:

- They reflect a broad range of influences affecting the well-being of children.
- They describe experiences across developmental stages from birth through early adulthood.
- They are consistent across states and over time, permitting legitimate comparisons.

The featured indicators are:

***Births to teens***

***Low birth weight babies***

***Infant mortality***

***Child deaths***

***Teen deaths by accident, homicide, and suicide***

***Juvenile violent crime arrests***

***Teens not graduated and not enrolled***

***Teens not in school and not working***

***Children in poverty***

***Children in one-parent households***

In addition to the featured indicators, we continue to report on a variety of indicators such as early care and education, prenatal care, alcohol, drug and tobacco use and asthma data based on hospitalizations which all impact the lives of children. Issues affecting families such as unemployment, homelessness, health care coverage, and child support are described in the next section. Finally, the results of the Get Together Delaware Social Capital Study are detailed in the section on issues affecting communities. Additional tables with more extensive information are included at the end of the Fact Book.

Ultimately the purpose of this book is to stimulate debate, not to end debate by producing definitive answers. We hope this information will add to the knowledge base of our social well being, guide and advance informed discussion and help us concentrate on issues that need attention, and focus on a better future for our children and families.

## *Trends in Delaware*

Delaware has seen improvement in three of the national KIDS COUNT indicators while four areas have declined and three have shown little change:

- ***The teen birth rate, child death rate, and teens not graduated and not enrolled continue to improve.***
- ***Of concern are the increasing rates of low birth weight babies, infant mortality, teen deaths by accident, homicide, and suicide, teens not attending school and not working, and children in poverty.***
- ***The rates of children in one-parent households and juvenile violent crime arrests have remained fairly stable.***

Wilmington

## *Making Sense of the Numbers*

The information on each indicator is organized as follows:

| | |
|---|---|
| • Definition | a description of the indicator and what it means |
| • Impact | the relationship of the indicator to child and family well-being |
| • Related information | material in the appendix or in FAMILIES COUNT relating to the indicators |

## *Sources of Data*

The data are presented primarily in three ways:

- Annual data
- Three-year and five-year averages to minimize fluctuations of single-year data and provide more realistic pictures of children's outcomes
- Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons

The data has been gathered primarily from:

- The Center for Applied Demography and Survey Research, University of Delaware
- Delaware Health Statistics Center, Delaware Health and Social Services
- Department of Education, State of Delaware
- Delaware State Data Center, Delaware Economic Development Office
- Statistical Analysis Center, Executive Department, State of Delaware
- Delaware Department of Health and Social Services, State of Delaware
- Department of Services for Children, Youth and Their Families, State of Delaware
- U.S. Bureau of the Census
- National Center for Health Statistics, U.S. Department of Health and Human Services
- Delaware Population Consortium
- Family and Workplace Connection
- Division of State Police, Department of Public Safety
- Domestic Violence Coordinating Council
- Center for Alcohol and Drug Studies, University of Delaware

## Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2002 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A was used. For some data, only the decennial census has information at the county level.

Most indicators are presented as three- or five-year averages because rates based on small numbers of events in this modestly-populated state can vary dramatically from year to year. A three- or five- year average is less susceptible to distortion. It is helpful to look at trends rather than at actual numbers, rates, or percentages due to the small numbers.

Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources.

ODYSSEY of the MIND
Dover

Fiscal Year Data: Most data presented here is for calendar years. Where data collected by state or federal authorities is available by school calendar year or fiscal year, the periods are from September to June or July 1 to June 30, respectively.

Notes: When necessary we have included technical or explanatory notes under the graphs or tables.

Counties and Cities: Where possible, data were delineated by counties and the city of Wilmington.

In a state with a small population such as Delaware, the standard sampling error is somewhat larger than in most states. For this reason, KIDS COUNT has portrayed the high school dropout rate in two ways: the sampling size, which shows trends, and the Department of Education's dropout numbers. There is a slight variation in those two graphs due to the size of the population.

## Numbers, Rates, and Percentages

Each statistic tells us something different about children. The numbers represent real individuals. The rates and percentages also represent real individuals but have the advantage of allowing for comparisons between the United States and Delaware and between counties.

In this publication, indicators are presented as either raw numbers (25), percentages (25%), or rates (25 per 1,000 or 25 per 100,000). The formula for percents or rates is the number of events divided by the population at risk of the event (county, state, U.S.) and multiplied by 100 for percent or 1,000 or 100,000 for rates.

## A Caution About Drawing Conclusions

Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. KIDS COUNT encourages you to look at overall trends.

The key in the evaluation of statistics is to examine everything in context. The data challenges stereotypes — pushing us to look beyond the surface for the less obvious reasons for the numbers. Individual indicators, like the rest of life's concerns, do not exist in a vacuum and cannot be reduced to a set of the best and worst in our state.

Where county level data are presented, readers can gain a better understanding of the needs in particular segments of the state. Delaware rankings within the National KIDS COUNT Data Book can fluctuate from year to year. Therefore, it is important to look at the trends within the state and over a significant period of time. Hopefully, the graphs help to clarify that picture.

# Counting the Kids: Delaware Demographics

The first data released from the 2000 Census provides a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child-centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

**Population at a Glance**

| | 2000 Total Population | 2000 Total Age 0-17 | 2000 Total Age 18+ | 2000 Total % 0-17 | 1990 Total Age 0-17 |
|---|---|---|---|---|---|
| Delaware | 783,600 | 194,587 | 589,013 | 24.8% | 163,341 |
| New Castle County | 500,265 | 124,749 | 375,516 | 25.0% | 106,079 |
| Wilmington | 72,664 | 18,793 | 53,871 | 25.9% | 17,822 |
| Kent | 126,697 | 34,533 | 92,164 | 27.2% | 30,174 |
| Sussex | 156,638 | 35,305 | 121,333 | 22.5% | 27,088 |

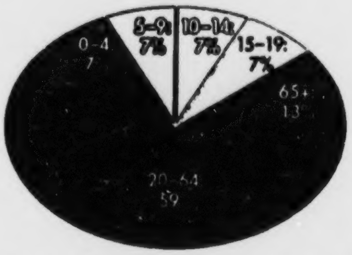
Source: 2000 Census, U.S. Census Bureau

Nationwide the number of children grew 14 percent between 1990 and 2000. Delaware experienced an increase of 19 percent, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states.

Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

**Total Population Estimate and Age Distribution**

Delaware, 2000

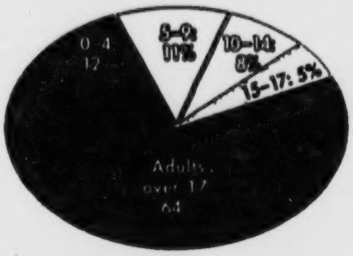


| | |
|---|---|
| Delaware Total | 783,600 |
| Total Children 0-19 | 218,250 |
| Children 0-4 | 51,531 |
| Children 5-9 | 55,813 |
| Children 10-14 | 55,274 |
| Children 15-19 | 55,632 |

Source: Delaware Population Consortium; Population Estimates Program, Population Division, U.S. Census Bureau

**Hispanic Population Estimate and Age Distribution**

Delaware, 2000



| | |
|---|---|
| Delaware Hispanic Total | 37,277 |
| Total Children 0-17 | 13,565 |
| Children 0-4 | 4,517 |
| Children 5-9 | 3,970 |
| Children 10-14 | 3,174 |
| Children 15-17 | 1,904 |
| Adults over 17 | 23,712 |

Source: Population Reference Bureau, 2000 Census

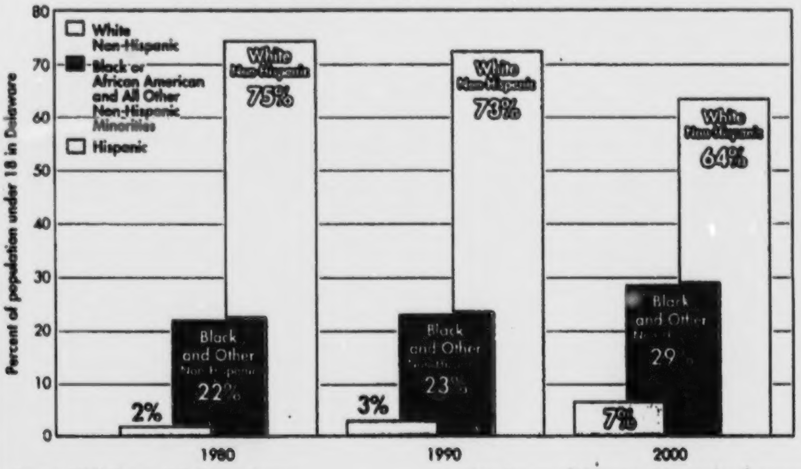
The Hispanic population in Delaware grew from 15,820 in 1990 to 37,277 in 2000, an increase of 136%. Among the counties, Sussex showed the largest percent increase at 369%. The census county divisions that showed that greatest increase were Georgetown (1536%), Selbyville-Frankford (816%), and Millsboro (670%).

# *Counting the Kids: Delaware Demographics*

TEXACO
FIRE CHIEF
Wilmington

## The Changing Face of Delaware's Children

by Race and Hispanic Origin, Delaware, 1980–2000



Source: 2000 Census, U.S. Census Bureau

Note: Persons of Hispanic origin may be of any race.

## Children under 18 by Race and Hispanic Origin, U.S. and Delaware

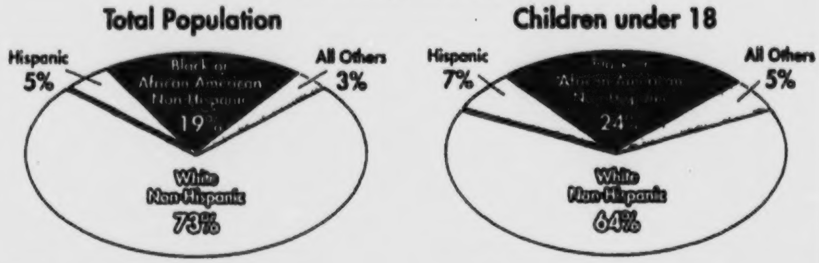
| Race | | 1980 Number | 1980 Percent of population under 18 | 1990 Number | 1990 Percent of population under 18 | 2000 Number | 2000 Percent of population under 18 |
|---|---|---|---|---|---|---|---|
| **Total Population under 18** | US | 63,754,960 | 100.0 | 63,604,432 | 100.0 | 72,293,812 | 100.0 |
| | DE | 166,595 | 100.0 | 163,341 | 100.0 | 194,587 | 100.0 |
| **Non-Hispanic White** | US | 47,035,526 | 73.8 | 43,807,311 | 68.9 | 44,027,087 | 60.9 |
| | DE | 125,376 | 75.3 | 119,582 | 73.2 | 124,918 | 64.2 |
| **Minorities** | US | 16,719,434 | 26.2 | 19,797,121 | 31.1 | 28,266,725 | 39.1 |
| | DE | 41,219 | 24.7 | 43,597 | 26.8 | 69,669 | 35.8 |
| **Black and Other Non-Hispanic** | US | 11,091,478 | 17.4 | 12,039,621 | 18.9 | 15,924,466 | 22.0 |
| | DE | 37,141 | 22.3 | 38,170 | 23.4 | 56,104 | 28.8 |
| **Hispanic** | US | 5,627,956 | 8.8 | 7,757,500 | 12.2 | 12,342,259 | 17.1 |
| | DE | 4,078 | 2.4 | 5,589 | 3.4 | 13,565 | 7.0 |

Note: Children who marked white and another racial category in the 2000 Census are classified as minorities. Persons of Hispanic origin may be of any race.

Source: www.aecf.org/kidscount/census, 2000 Census, U.S. Census Bureau

## Delaware Population

by Race and Hispanic Origin, 2000



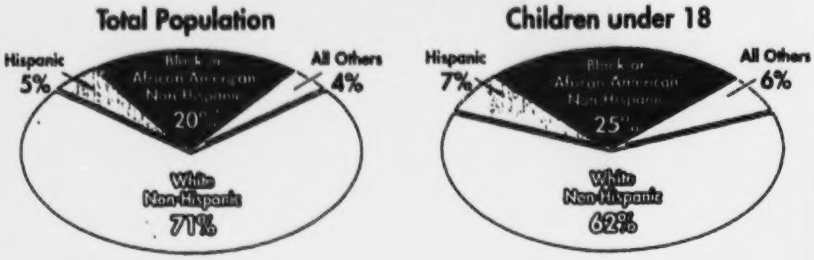
Source: 2000 Census, U.S. Census Bureau

Note: Persons of Hispanic origin may be of any race.

# Counting the Kids: Delaware Demographics

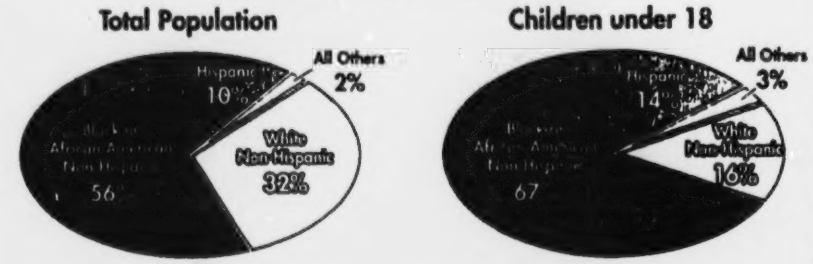
### New Castle County Population

by Race and Hispanic Origin, 2000



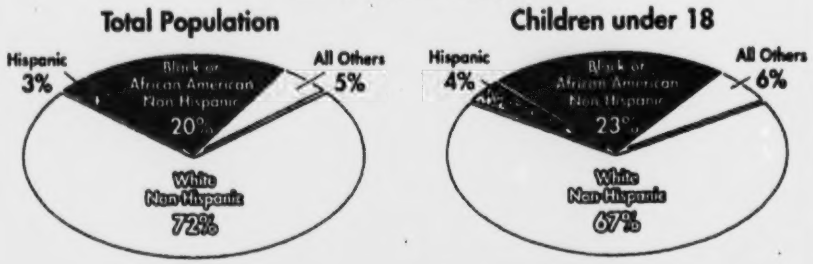
### Wilmington Population

by Race and Hispanic Origin, 2000



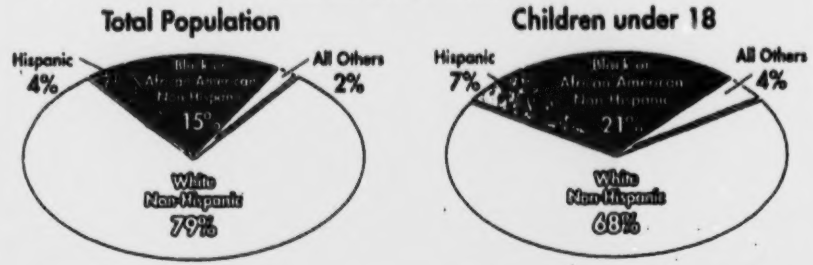
### Kent Population

by Race and Hispanic Origin, 2000



### Sussex Population

by Race and Hispanic Origin, 2000



Source: 2000 Census, U.S. Census Bureau

Note: Persons of Hispanic origin may be of any race.

Wilmington

For more information see

www.aecf.org/kidscount/census

www.cadsr.udel.edu/census2k

www.census.gov

www.prb.org

# Counting the Kids: Delaware Demographics

**Definitions:**

**Household** – A household consists of all the people who occupy a housing unit. It may be a family household or a nonfamily household. A nonfamily household consists of a householder living alone or where the householder shares the home exclusively with people to whom he/she is not related. A family household is a household maintained by a householder who is in a family and includes any unrelated people who may be residing there.

Kent County

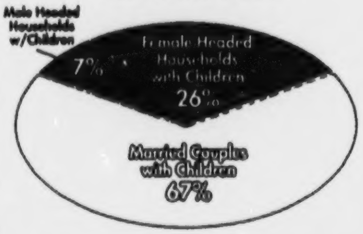
**Family** – A family is a group of two people or more related by birth, marriage, or adoption who are residing together.

**Own Children** – A child under 18 years old who is a son or daughter by birth, marriage (a stepchild), or adoption.

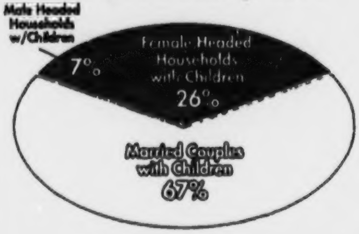
**Related Children** – All people in a household under the age of 18 who are related to the householder. Does not include householder's spouse or foster children, regardless of age.

## Families with Related Children by Household Structure

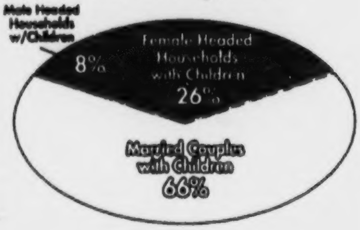
### Delaware, 2000



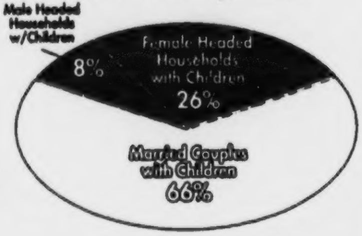
### New Castle County, 2000



### Kent County, 2000



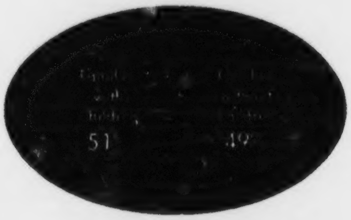
### Sussex County, 2000



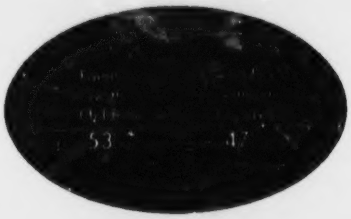
Source: 2000 Census, U.S. Census Bureau

## Families with & without Children under 18 Living in Household

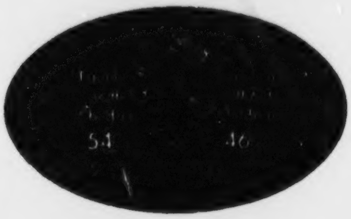
### Delaware, 2000



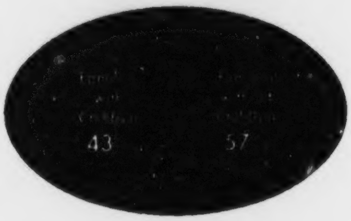
### New Castle County, 2000



### Kent County, 2000



### Sussex County, 2000



Source: 2000 Census, U.S. Census Bureau

counting the kids
CENSUS 2000

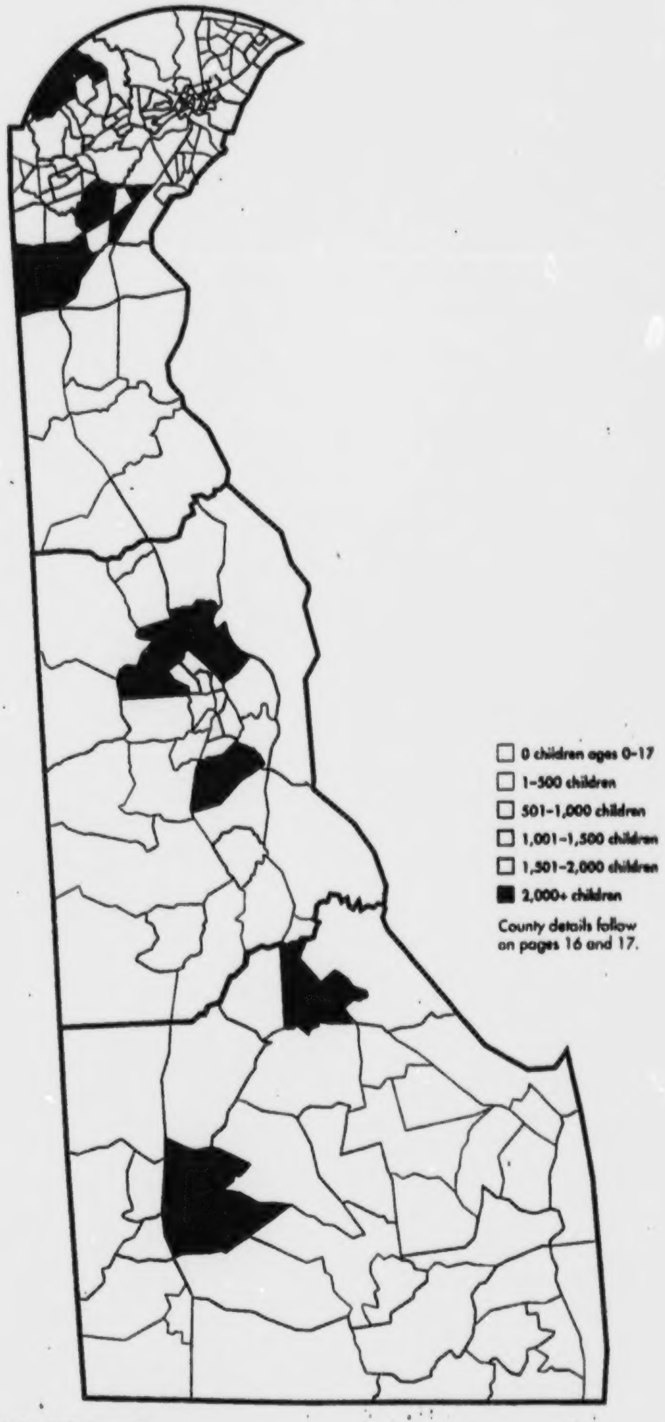
3.2% of children in Delaware are multi-racial. Multi-racial refers to people who chose more than one race on the 2000 Census.

1.1% of adults in Delaware are multi-racial.

# Counting the Kids: Delaware Demographics

## Where the Kids Are

Delaware Census Tracts, 2000


☐ 0 children ages 0-17
☐ 1-500 children
☐ 501-1,000 children
☐ 1,001-1,500 children
☐ 1,501-2,000 children
■ 2,000+ children
County details follow on pages 16 and 17.

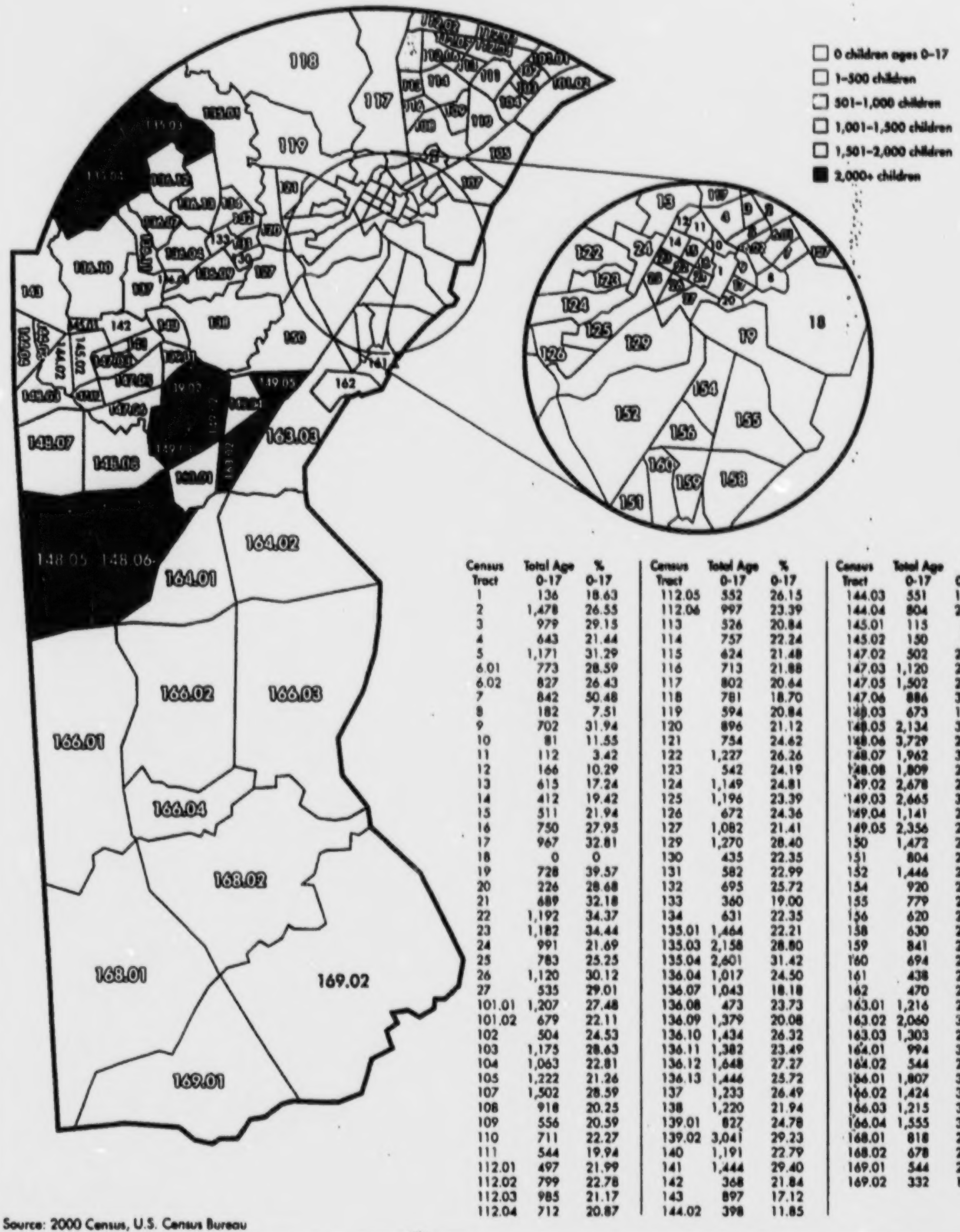
Source: 2000 Census, U.S. Census Bureau

Kent County

# Counting the Kids: Delaware Demographics

## Where the Kids Are

New Castle County, 2000


☐ 0 children ages 0-17
☐ 1-500 children
☐ 501-1,000 children
☐ 1,001-1,500 children
☐ 1,501-2,000 children
■ 2,000+ children
118
117
119
135.03
135.04
136.10
143
148.07
148.08
148.05
148.06
163.03
164.01
164.02
166.01
166.02
166.03
166.04
168.01
168.02
169.01
169.02
18
19
152
154
155
156
158
159
160
151
122
123
124
125
126
129
161
162

| Census Tract | Total Age 0-17 | % 0-17 |
|---|---|---|
| 1 | 136 | 18.63 |
| 2 | 1,478 | 26.55 |
| 3 | 979 | 29.15 |
| 4 | 643 | 21.44 |
| 5 | 1,171 | 31.29 |
| 6.01 | 773 | 28.59 |
| 6.02 | 827 | 26.43 |
| 7 | 842 | 50.48 |
| 8 | 182 | 7.51 |
| 9 | 702 | 31.94 |
| 10 | 81 | 11.55 |
| 11 | 112 | 3.42 |
| 12 | 166 | 10.29 |
| 13 | 615 | 17.24 |
| 14 | 412 | 19.42 |
| 15 | 511 | 21.94 |
| 16 | 750 | 27.95 |
| 17 | 967 | 32.81 |
| 18 | 0 | 0 |
| 19 | 728 | 39.57 |
| 20 | 226 | 28.68 |
| 21 | 689 | 32.18 |
| 22 | 1,192 | 34.37 |
| 23 | 1,182 | 34.44 |
| 24 | 991 | 21.69 |
| 25 | 783 | 25.25 |
| 26 | 1,120 | 30.12 |
| 27 | 535 | 29.01 |
| 101.01 | 1,207 | 27.48 |
| 101.02 | 679 | 22.11 |
| 102 | 504 | 24.53 |
| 103 | 1,175 | 28.63 |
| 104 | 1,063 | 22.81 |
| 105 | 1,222 | 21.26 |
| 107 | 1,502 | 28.59 |
| 108 | 918 | 20.25 |
| 109 | 556 | 20.59 |
| 110 | 711 | 22.27 |
| 111 | 544 | 19.94 |
| 112.01 | 497 | 21.99 |
| 112.02 | 799 | 22.78 |
| 112.03 | 985 | 21.17 |
| 112.04 | 712 | 20.87 |

| Census Tract | Total Age 0-17 | % 0-17 |
|---|---|---|
| 112.05 | 552 | 26.15 |
| 112.06 | 997 | 23.39 |
| 113 | 526 | 20.84 |
| 114 | 757 | 22.24 |
| 115 | 624 | 21.48 |
| 116 | 713 | 21.88 |
| 117 | 802 | 20.64 |
| 118 | 781 | 18.70 |
| 119 | 594 | 20.84 |
| 120 | 896 | 21.12 |
| 121 | 754 | 24.62 |
| 122 | 1,227 | 26.26 |
| 123 | 542 | 24.19 |
| 124 | 1,149 | 24.81 |
| 125 | 1,196 | 23.39 |
| 126 | 672 | 24.36 |
| 127 | 1,082 | 21.41 |
| 129 | 1,270 | 28.40 |
| 130 | 435 | 22.35 |
| 131 | 582 | 22.99 |
| 132 | 695 | 25.72 |
| 133 | 360 | 19.00 |
| 134 | 631 | 22.35 |
| 135.01 | 1,464 | 22.21 |
| 135.03 | 2,158 | 28.80 |
| 135.04 | 2,601 | 31.42 |
| 136.04 | 1,017 | 24.50 |
| 136.07 | 1,043 | 18.18 |
| 136.08 | 473 | 23.73 |
| 136.09 | 1,379 | 20.08 |
| 136.10 | 1,434 | 26.32 |
| 136.11 | 1,382 | 23.49 |
| 136.12 | 1,648 | 27.27 |
| 136.13 | 1,446 | 25.72 |
| 137 | 1,233 | 26.49 |
| 138 | 1,220 | 21.94 |
| 139.01 | 827 | 24.78 |
| 139.02 | 3,041 | 29.23 |
| 140 | 1,191 | 22.79 |
| 141 | 1,444 | 29.40 |
| 142 | 368 | 21.84 |
| 143 | 897 | 17.12 |
| 144.02 | 398 | 11.85 |

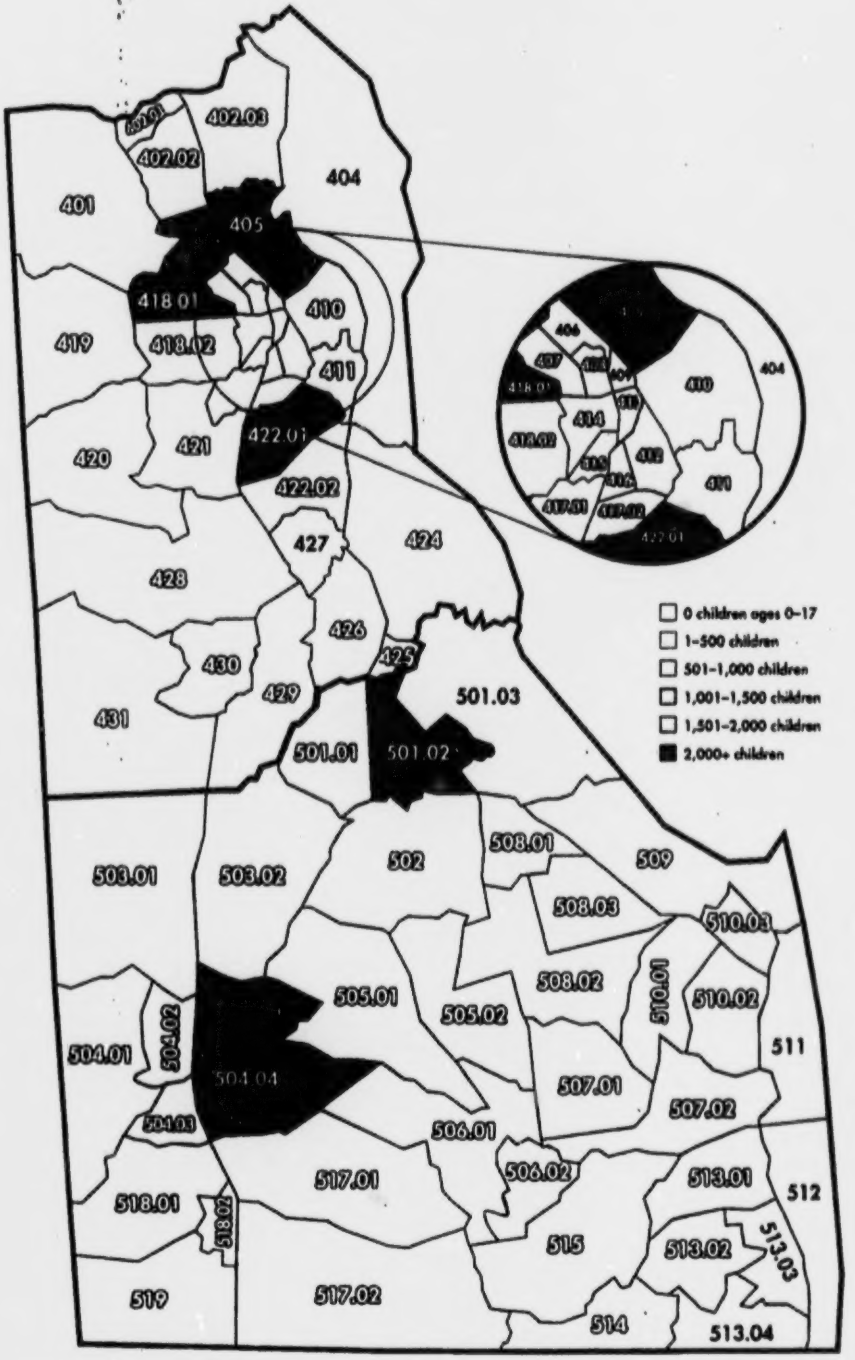
| Census Tract | Total Age 0-17 | % 0-17 |
|---|---|---|
| 144.03 | 551 | 10.35 |
| 144.04 | 804 | 22.65 |
| 145.01 | 115 | 6.05 |
| 145.02 | 150 | 2.18 |
| 147.02 | 502 | 26.38 |
| 147.03 | 1,120 | 23.97 |
| 147.05 | 1,502 | 26.15 |
| 147.06 | 886 | 35.27 |
| 148.03 | 673 | 19.45 |
| 148.05 | 2,134 | 31.54 |
| 148.06 | 3,729 | 29.94 |
| 148.07 | 1,962 | 30.06 |
| 148.08 | 1,809 | 28.50 |
| 149.02 | 2,678 | 29.29 |
| 149.03 | 2,665 | 36.99 |
| 149.04 | 1,141 | 24.23 |
| 149.05 | 2,356 | 27.84 |
| 150 | 1,472 | 25.96 |
| 151 | 804 | 22.95 |
| 152 | 1,446 | 23.68 |
| 154 | 920 | 28.48 |
| 155 | 779 | 28.57 |
| 156 | 620 | 25.72 |
| 158 | 630 | 28.15 |
| 159 | 841 | 25.77 |
| 160 | 694 | 25.01 |
| 161 | 438 | 20.50 |
| 162 | 470 | 20.97 |
| 163.01 | 1,216 | 28.74 |
| 163.02 | 2,060 | 30.99 |
| 163.03 | 1,303 | 24.51 |
| 164.01 | 994 | 30.07 |
| 164.02 | 544 | 23.83 |
| 166.01 | 1,807 | 31.64 |
| 166.02 | 1,424 | 32.06 |
| 166.03 | 1,215 | 31.53 |
| 166.04 | 1,555 | 31.13 |
| 168.01 | 818 | 27.42 |
| 168.02 | 678 | 27.32 |
| 169.01 | 544 | 24.64 |
| 169.02 | 332 | 11.04 |

Source: 2000 Census, U.S. Census Bureau

# *Counting the Kids: Delaware Demographics*

## Where the Kids Are

### Kent and Sussex Counties, 2000



402.01
402.03
402.02
404
401
405
418.01
410
419
418.02
411
420
421
422.01
422.02
427
424
428
426
430
425
501.03
429
431
501.01
501.02
406
407
408
409
412
413
414
415
416
417.01
417.02
503.01
503.02
502
508.01
509
508.03
510.03
505.01
505.02
508.02
510.01
510.02
504.01
504.02
504.04
511
507.01
507.02
504.03
506.01
517.01
506.02
513.01
512
518.01
518.02
515
513.02
513.03
519
517.02
514
513.04
☐ 0 children ages 0–17
☐ 1–500 children
☐ 501–1,000 children
☐ 1,001–1,500 children
☐ 1,501–2,000 children
■ 2,000+ children

Source: 2000 Census, U.S. Census Bureau

**Kent County**

| Census Tract | Total Age 0-17 | % 0-17 |
|---|---|---|
| 401 | 1,535 | 28.76 |
| 402.01 | 951 | 27.35 |
| 402.02 | 1,217 | 23.45 |
| 402.03 | 949 | 30.92 |
| 404 | 300 | 25.95 |
| 405 | 2,074 | 25.24 |
| 406 | 180 | 7.56 |
| 407 | 1,323 | 29.60 |
| 408 | 586 | 21.16 |
| 409 | 291 | 12.09 |
| 410 | 1,212 | 26.34 |
| 411 | 1,389 | 36.09 |
| 412 | 1,011 | 29.48 |
| 413 | 580 | 27.28 |
| 414 | 764 | 25.31 |
| 415 | 969 | 25.57 |
| 416 | 536 | 23.31 |
| 417.01 | 976 | 25.76 |
| 417.02 | 984 | 29.43 |
| 418.01 | 2,200 | 28.82 |
| 418.02 | 828 | 31.70 |
| 419 | 1,387 | 28.67 |
| 420 | 891 | 29.75 |
| 421 | 799 | 24.84 |
| 422.01 | 2,096 | 34.48 |
| 422.02 | 1,771 | 29.63 |
| 424 | 618 | 23.75 |
| 425 | 842 | 28.87 |
| 426 | 538 | 25.52 |
| 427 | 306 | 26.40 |
| 428 | 1,508 | 27.45 |
| 429 | 933 | 27.17 |
| 430 | 1,321 | 29.42 |
| 431 | 668 | 27.51 |

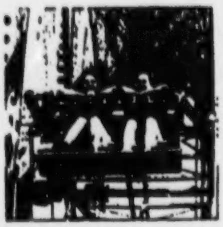
**Sussex County**

| Census Tract | Total Age 0-17 | % 0-17 |
|---|---|---|
| 501.01 | 837 | 25.46 |
| 501.02 | 2,204 | 27.37 |
| 501.03 | 471 | 19.81 |
| 502 | 812 | 28.91 |
| 503.01 | 1,591 | 28.10 |
| 503.02 | 1,108 | 29.15 |
| 504.01 | 939 | 28.11 |
| 504.02 | 1,972 | 24.43 |
| 504.03 | 833 | 28.00 |
| 504.04 | 2,326 | 28.68 |
| 505.01 | 689 | 24.05 |
| 505.02 | 1,973 | 22.05 |
| 506.01 | 862 | 23.28 |
| 506.02 | 888 | 23.14 |
| 507.01 | 653 | 23.68 |
| 507.02 | 1,483 | 16.02 |
| 508.01 | 676 | 25.64 |
| 508.02 | 804 | 24.17 |
| 508.03 | 942 | 20.27 |
| 509 | 738 | 14.44 |
| 510.01 | 973 | 18.58 |
| 510.02 | 754 | 14.56 |
| 510.03 | 741 | 23.55 |
| 511 | 235 | 8.26 |
| 512 | 431 | 10.34 |
| 513.01 | 635 | 16.34 |
| 513.02 | 553 | 22.53 |
| 513.03 | 461 | 16.54 |
| 513.04 | 460 | 12.04 |
| 514 | 820 | 27.78 |
| 515 | 1,029 | 24.63 |
| 517.01 | 906 | 26.38 |
| 517.02 | 1,194 | 24.72 |
| 518.01 | 1,092 | 26.31 |
| 518.02 | 1,150 | 28.81 |
| 519 | 1,070 | 26.73 |

TY HAD A
KING'S
D ALL
ALL

# KIDS COUNT IN DELAWARE

## *Indicators*



# Overview

**Delaware Compared to U.S. Average** | **Recent Trend in Delaware**

Dewey Beach

## Births to Teens Page 22

Number of births per 1,000 females ages 15–17
Five year average, 1996–00: Delaware 35.5, U.S. 30.3

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**
RECENT TREND IN DELAWARE GETTING **BETTER**

## Low Birth Weight Babies Page 27

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)
Five year average, 1996–00: Delaware 8.6, U.S. 7.5

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**
RECENT TREND IN DELAWARE GETTING **WORSE**

## Infant Mortality Page 30

Number of deaths occurring in the first year of life per 1,000 live births
Five year average, 1995–99: Delaware 8.1, U.S. 7.3

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**
RECENT TREND IN DELAWARE GETTING **WORSE**

## Child Deaths Page 34

Number of deaths per 100,000 children 1–14 years old
Five year average, 1995–99: Delaware 23.1, U.S. 25.3

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**
RECENT TREND IN DELAWARE ABOUT THE **SAME**

## Teen Deaths by Accident, Homicide, and Suicide Page 38

Number of deaths per 100,000 teenagers 15–19 years old
Five year average, 1995–99: Delaware 55.0, U.S. 58.3

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**
RECENT TREND IN DELAWARE ABOUT THE **SAME**

**Delaware Compared to U.S. Average** | **Recent Trend in Delaware**

## Juvenile Violent Crime Arrest Rate Page 42

Number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault

2000: Delaware 8.1, 1996*: U.S. 4.7

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE ABOUT THE **SAME**

## Teens Not Graduated and Not Enrolled Page 45

Percentage of youths 16–19 who are not in school and not high school graduates

Three year average, 1998–2000: Delaware 11.1, U.S. 9.4

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE GETTING **BETTER**

## Teens Not Attending School and Not Working Page 48

Percentage of teenagers 16–19 who are not in school and not employed

Three year average, 1998–2000: Delaware 11.0, U.S. 8.0

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE GETTING **WORSE**

Dewey Beach

## Children in Poverty Page 50

Percentage of children in poverty. In 2000 the poverty threshold for a one-parent, two-child family was $13,874. For a family of four with two children, the threshold was $17,463.

Three year average, 1999–2001: Delaware 16.7, U.S. 17.3

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE GETTING **WORSE**

## Children in One-Parent Households Page 56

Percentage of children ages 0–17 living with one parent.

Three year average, 1999–2001: Delaware 37.3, U.S. 29.9

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE ABOUT THE **SAME**

---

* U.S. data for 2000 was not available. 1996 data was used for comparison.

# Births to Teens 15–17

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE GETTING **BETTER**

*The United Sates has the highest rates of teenage pregnancy and births in the western industrialized world. Nearly 4 in 10 young women become pregnant at least once before they reach the age of 20 – nearly one million pregnancies a year. Also, 8 in 10 of these pregnancies are unintended with 79% to unmarried teens.[1] Teen births affect newborn infants, their adolescent mothers, their fathers, their families, and the community and society as a whole. Teen pregnancy costs the United States at least $7 billion annually.*

*Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential. Compared with babies born to older mothers, babies born to adolescent mothers, are at a higher risk of low birth weight and infant mortality.[2] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. The sons of teen mothers are 13% more likely to end up in prison while teen daughters are 27% more likely to become teen mothers themselves.[3]*

Wilmington

---

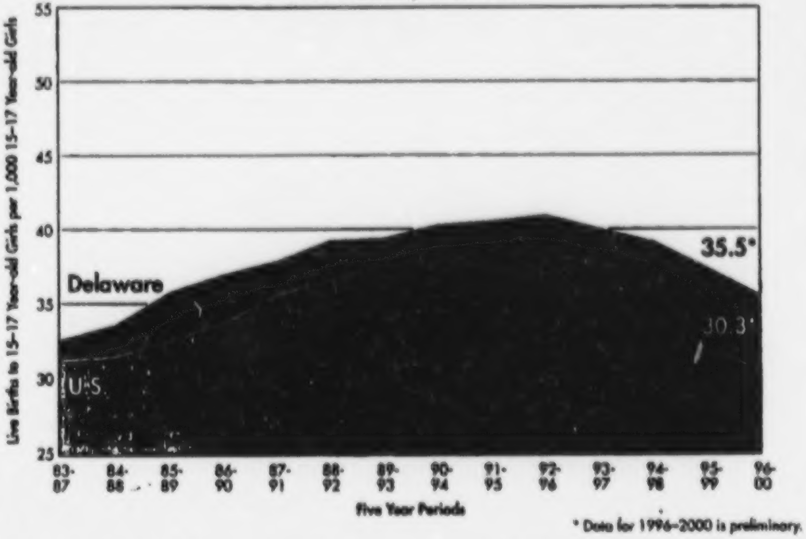
[1] Facts and Stats. The National Campaign to Prevent Teen Pregnancy. Available from: www.teenpregnancy.org

[2] America's Children 2001: Health Indicators. Available from: www.childstats.gov

[3] Facts and Stats. The National Campaign to Prevent Teen Pregnancy. Available from: www.teenpregnancy.org

**Births to Teens 15–17**

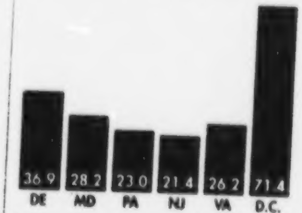
Delaware Compared to U.S.



* Data for 1996–2000 is preliminary.

Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

**Regional Comparison of Teen Birth Rates (15–17) per 1,000 15–17 Females, Five Year Averages, 1995–1999**



Sources: Delaware Health Statistics Center, National Center for Health Statistics*

* Percentages vary due to different estimating procedures being used by different sources.

counting the kids

There were 32 births to teens 14 and younger in Delaware in 2000.

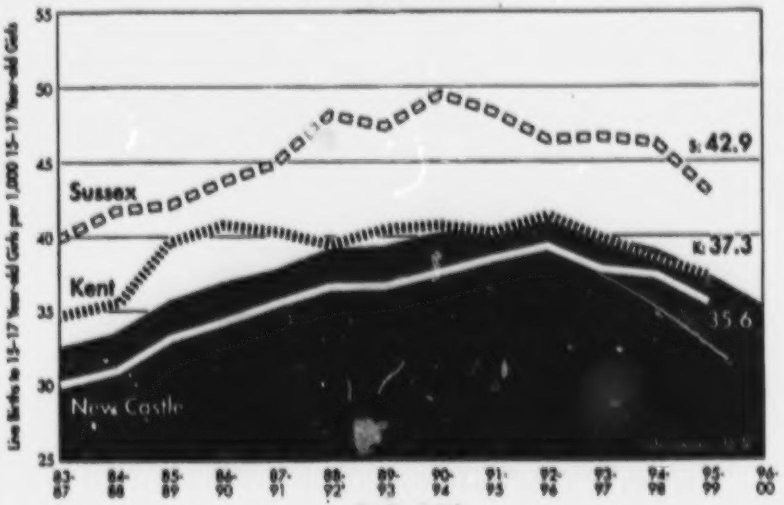
Source: Delaware Health Statistics Center

BEST COPY AVAILABLE

# *Births to Teens 15–17*

**Definition:**
Birth Rate– number of births per 1,000 females in the same group

**Births to Teens 15–17**
Delaware and Counties



* Data for 1996–2000 is preliminary.
County data are not available for 1996–2000.

Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

Blue Rocks
Wilmington

**put data into action**

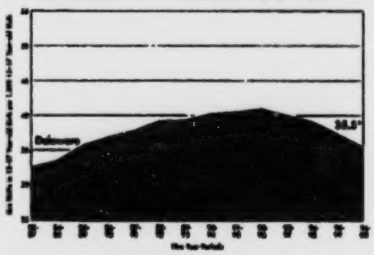
In addition to talking to your kids about sex, love, and relationships, here are other things parents can do to help to make a difference in the lives of their teens:

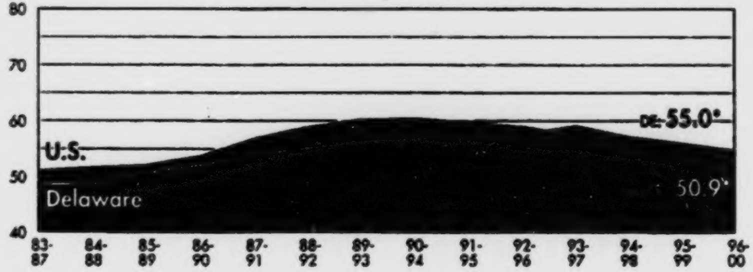
- **Spend time with your children and teens.** Shared experiences build a bank account of affection and trust that forms the basis for future communication.
- **Help teens gain a sense of self-confidence.** Self-confidence is earned, not given. Give kids opportunities to learn skills and gain confidence. Offer praise for jobs well done, accentuate the positive, and emphasize the things your children do right.
- **Encourage your teens to get involved in fun, safe, and fulfilling activities.** Help your children to identify their strengths, talents, and interests and to find opportunities in which these assets can be developed.
- **Help your teenagers set goals and understand that they have options for the future.** Teens with long-term goals for education or work will be less likely to compromise their futures by engaging in risky behavior.
- **Let your kids know that you value education highly.** School failure is often a warning sign of other problems. Stay involved in your children's educations and let them know their educations are important to you.
- **Know where your kids are and what they're doing.** Get to know your children's friends and their families. Set clear rules for your kids about what they may do and with whom they may spend time, and talk to them about why these rules are important.
- **Pay attention to kids before they get into trouble.** Let your kids know you are proud of them for doing the right thing – even when it seems like no big deal. Watch for warning signs that your teenagers need help.

Source: Fact Sheet: Teen Pregnancy Prevention: Dads Make a Difference "The National Campaign to Prevent Teen Pregnancy." Available from: www.teenpregnancy.org

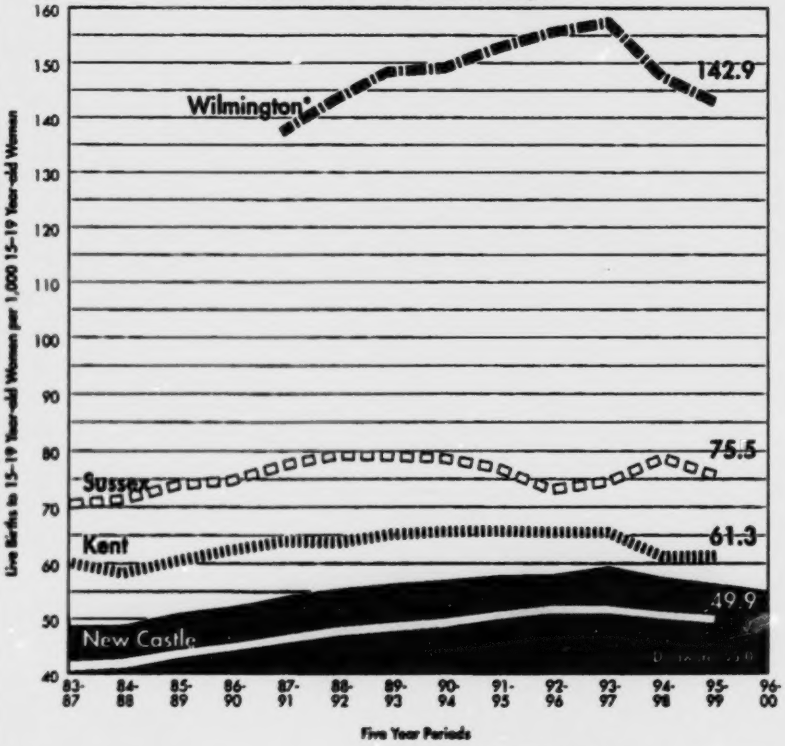
# Births to Teens 15 – 19

While the birth rate for Delaware girls 15-17 has dropped in Delaware, the rates for both age groups, girls 15-17 and girls 15-19, are above the national average.


**Births to Teens 15-17**


**Births to Teens 15-19**

Delaware Compared to U.S.


**Births to Teens 15-19**

Delaware, Counties, and Wilmington

* Data for 1996–2000 is preliminary.
County and Wilmington data are not available for 1996–2000.
Wilmington data is not available before the 1987–1991 period.

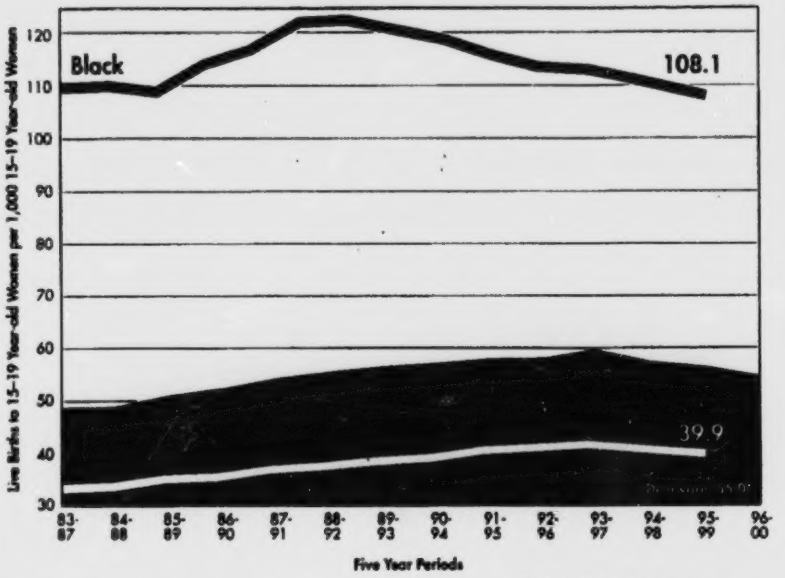
Sources: Delaware Health Statistics Center

Newport

# Births to Teens 15–19

**Births to Teens 15-19**

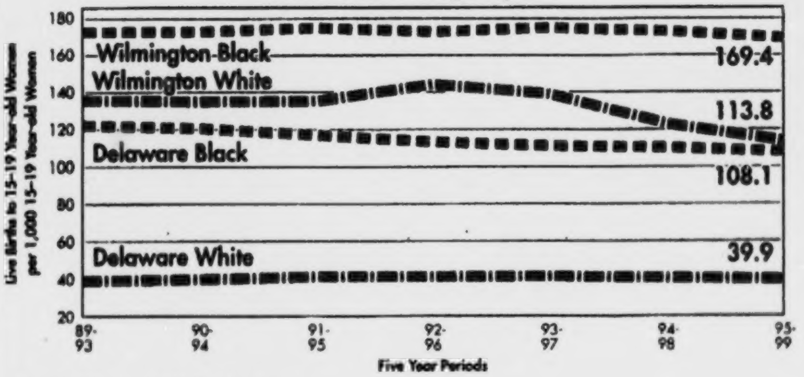
Delaware by Race



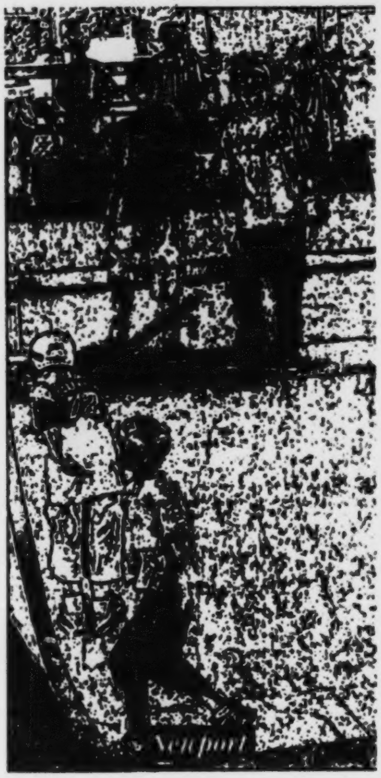
* Data for 1996–2000 is preliminary.
Data by race are not available for 1996–2000.

**Births to Teens 15-19**

Delaware and Wilmington by Race



Sources: Delaware Health Statistics Center



## *Did you know?*

The welfare reform law of 1996 required all states to develop strategies and goals for reducing out-of-wedlock births. Under the law, annual bonuses are awarded to as many as five states with the largest reduction in the proportion of out-of-wedlock births to total births. The U.S. Department of Health and Human Services Secretary, Tommy G. Thompson, announced the award of bonuses of $25 million dollars to Alabama, Michigan, and the District of Columbia for achieving the nation's largest decreases in out-of-wedlock births between 1996 and 1999. Delaware was ranked 47 out of 51 states (including District of Columbia). The full list of states and the percentage change in nonmarital birth rates is available at: www.cdc.gov/nchs/about/otheract/welfare/welfaredata.htm.

Source: Initiatives and Other Activities "National Center for Health Statistics"

For more information see

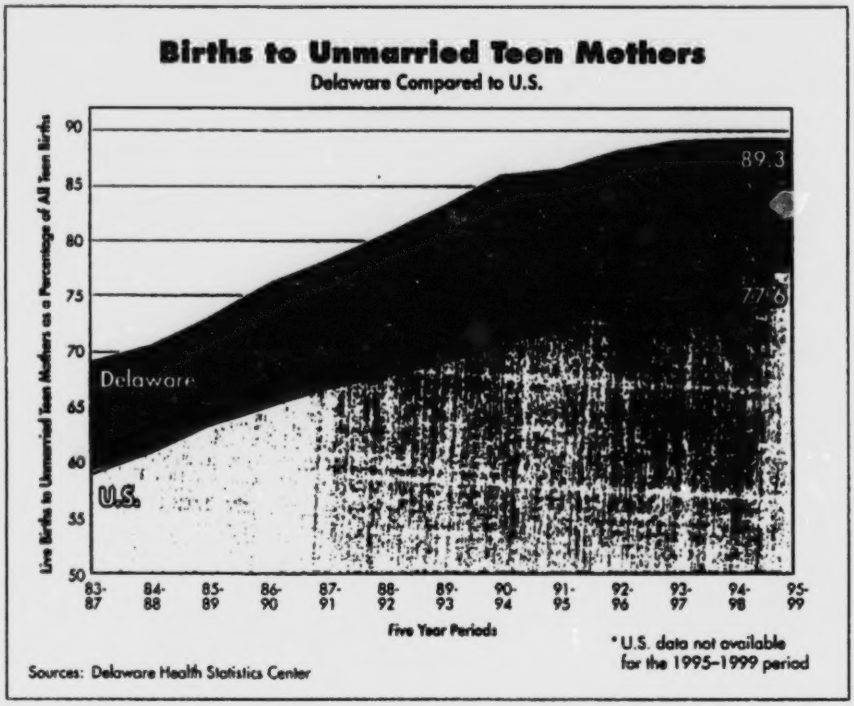
| | |
|---|---|
| Tables 6–10 | p. 108–111 |
| Tables 13–14 | p. 113–114 |
| Table 21 | p. 120 |

www.teenpregnancy.org

# Births to Unmarried Teens

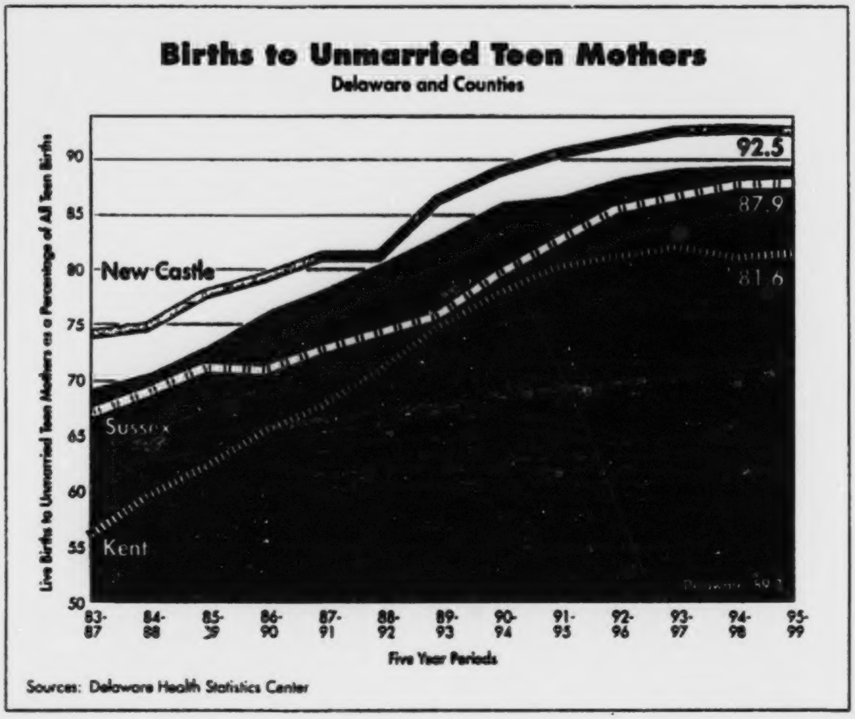
The percentage of teens giving birth who are unmarried continues to grow, accounting for nearly 90% of all teen births in Delaware.

Harrington



Sources: Delaware Health Statistics Center

*U.S. data not available for the 1995–1999 period



Sources: Delaware Health Statistics Center

# Low Birth Weight Babies

DELAWARE COMPARED TO U.S. AVERAGE
**WORSE**

RECENT TREND IN DELAWARE [illegible]
**WORSE**

*Low birth weight affects one in every 14 babies born each year in the United States. Low birth weight babies may face serious health problems as newborns, and are at increased risk of long-term disabilities.[1] The strength of this indicator is that it is an estimation of both the child's immediate and future health and well-being. By school age, children born at a low birth weight are more likely to have mild learning disabilities, attention disorders, developmental impairments, and breathing problems.[2] Almost half of these infants will enter special education at some point in their lives.[3]*

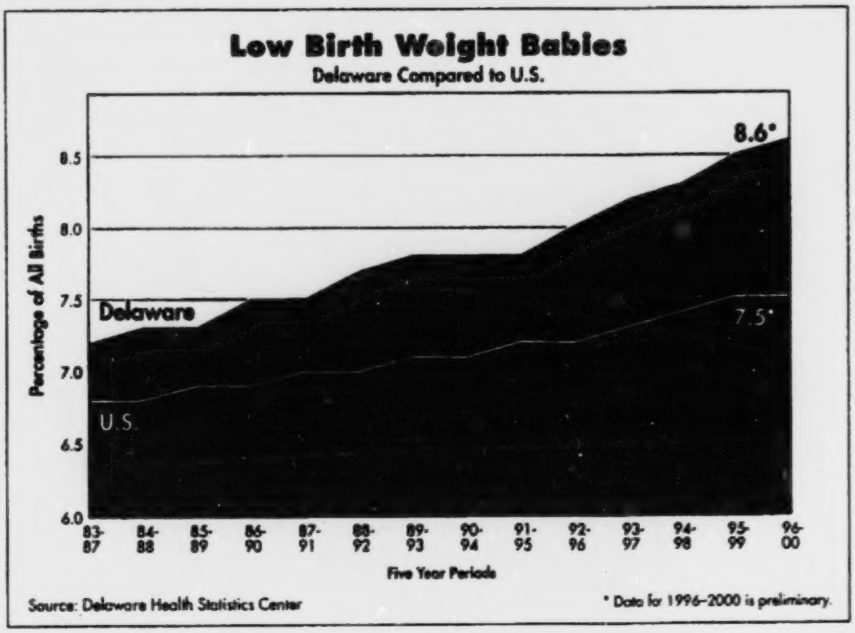
*Measuring the number of children born at low birth weight is also a good indicator of the overall level of prenatal care and maternal health. Mothers who give birth to babies with low birth weight are often economically disadvantaged, poorly educated, under nourished, and have limited access to health care. They are also more likely to have used drugs, alcohol, and tobacco during pregnancy. Compared with parents of children with normal birth weight who were born at full term, parents of children with birth weights less than 750 grams reported lower perceptions of parenting competence, more difficulties related to child attachment, a more negative impact of the child's health on the family, and higher rates of both child-related family stress, and adverse family outcomes.[4]*

[1] Low Birthweight. Available from: www.modimes.org

[2] Minnesota Kids: A Closer Look 2001 Data Book

[3] Kids Count Missouri: 2000 Data Book

[4] "Families With Very Low Birth Weight Children Experience More Long-Term Adversity" *Pediatrics* 3/5/01



Source: Delaware Health Statistics Center

* Data for 1996–2000 is preliminary.

Harrington

## Did You Know?

United States Department of Agriculture's Women, Infants, and Children (WIC) program saves lives and improves the health of nutritionally at-risk women, infants, and children. Since its beginning in 1974, the WIC program has earned the reputation of being one of the most successful Federally-funded nutrition programs in the United States. Collective findings of studies, reviews and reports demonstrate that the WIC program is cost effective in protecting or improving the health/nutritional status of low-income women, infants, and children. For more information contact: www.fns.usda.gov/wic.

**Definitions**

**Infancy** – the period from birth to one year

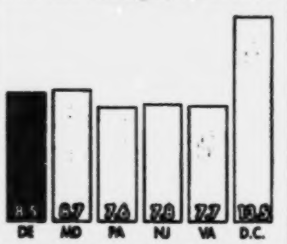
**Neonatal** – the period from birth to 27 days

**Low Birth Weight Babies** – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

**Very Low Birth Weight** – less than 1,500 grams (3.3 lbs.)

# *Low Birth Weight Babies*

**Regional Comparison of Low Birth Weight Births Five Year Averages, 1995–1999**

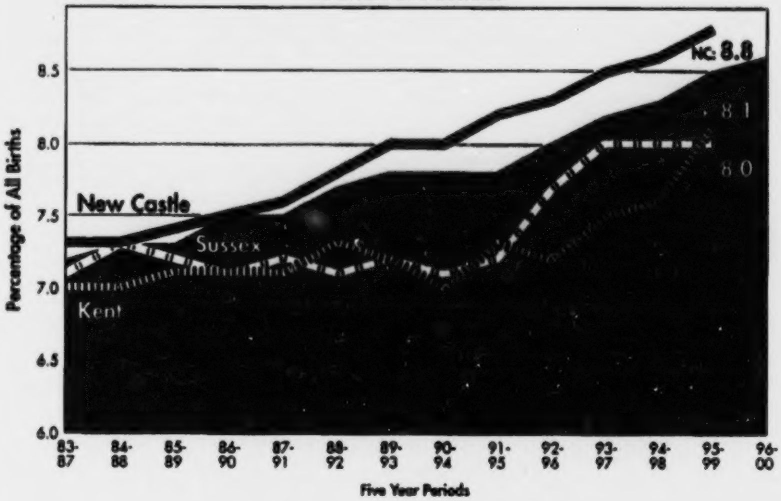


Sources: Delaware Health Statistics Center, National Center for Health Statistics*

* Percentages vary due to different estimating procedures being used by different sources.

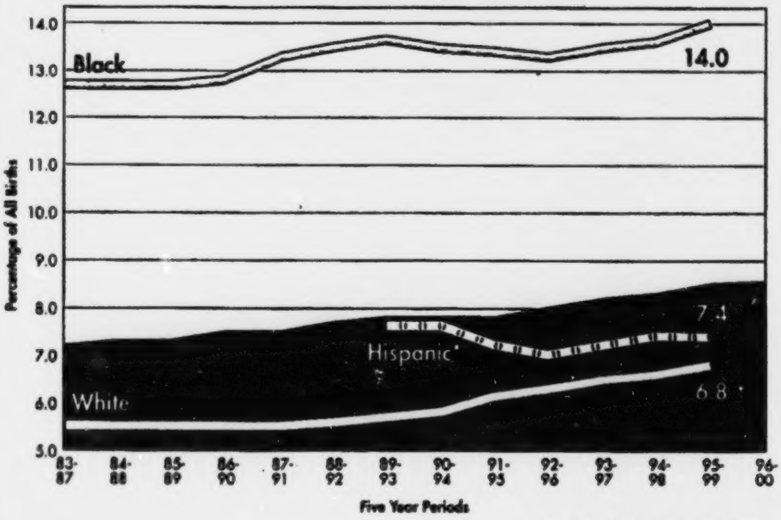
## Low Birth Weight Babies

Delaware and Counties



## Low Birth Weight Babies

Delaware by Race and Hispanic Origin



Source: Delaware Health Statistics Center

* Data for 1996–2000 is preliminary. Data for counties, race and Hispanic origin are not available for 1996–2000.

**put data into action**

The most effective way to prevent low birth weight is to see a doctor before pregnancy and, once pregnant, get early and regular prenatal care. Women who do this can learn about healthy lifestyles, disease prevention, and ways to reduce the risk of having a low birth weight baby. They can learn good nutrition, as well as the importance of avoiding risky behaviors, especially smoking, drinking alcohol, and taking unprescribed drugs. The mother's behavior before and during pregnancy may affect birth weight. All pregnant women should:

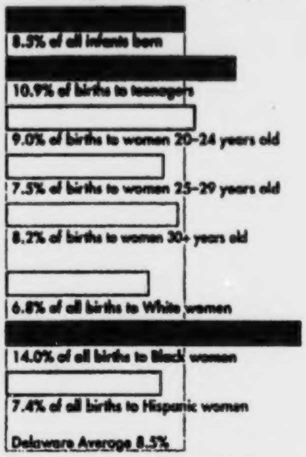
- Get early, regular prenatal care – an important factor that helps prevent low birth weight.
- Consume 400 micrograms of folic acid (the amount found in most multivitamins) daily before and in early months of pregnancy.

continued on next page

# *Low Birth Weight Babies*

Percentage of Babies with
**Low Birth Weight**
(weight less than 2500 grams)
by Age and Race of Mother

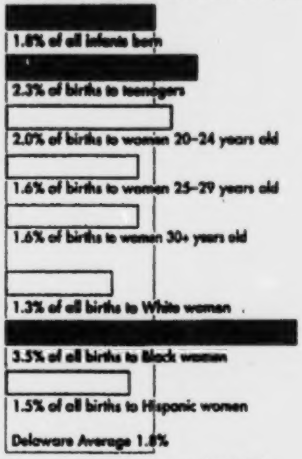
Low birth weight babies in Delaware represent:



Five-year average percentages, 1995–99

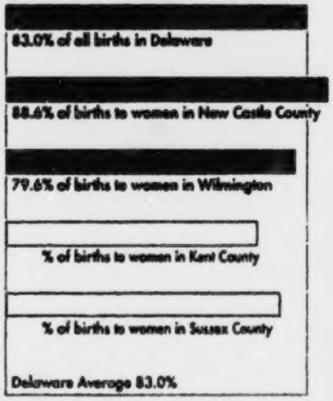
Percentage of Babies with
**Very Low Birth Weight**
(weight less than 1500 grams)
by Age and Race of Mother

Very low birth weight babies in Delaware represent:



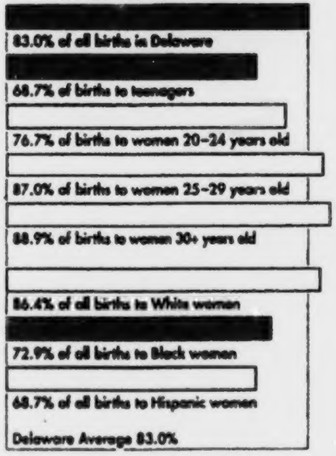
Five-year average percentages, 1995–99

Percentage of Mothers Who Received
**Prenatal Care**
in the First Trimester of Pregnancy
by Delaware, Counties, and Wilmington



Five-year average percentages, 1995–99

Percentage of Mothers Who Received
**Prenatal Care**
in the First Trimester of Pregnancy
by Age and Race of Mother



Five-year average percentages, 1995–99

Source for above charts: Delaware Health Statistics Center

- Eat a balanced diet. Since a fetus is nourished by what a mother eats, it can suffer if the mother eats poorly.
- Gain enough weight. Health care providers recommend that a woman of normal weight gain 25 to 35 pounds.
- Avoid smoking. Smokers have smaller babies than nonsmokers, and exposure to another person's smoking also may decrease the baby's birth weight.
- Avoid drinking alcohol and using illicit drugs, or prescription or over-the-counter drugs not prescribed by a doctor aware of the pregnancy. Drug and alcohol use limits fetal growth and can cause birth defects.

Source: Low Birthweight. Available from: www.modimes.org

**For more information see**

| | |
|---|---|
| Tables 11–18 | p. 112–118 |
| Tables 21–22 | p. 120–121 |

www.modimes.org

# *Infant Mortality*

DELAWARE COMPARED TO U.S. AVERAGE
**WORSE**

RECENT TREND IN DELAWARE
GETTING
**WORSE**

*Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrial countries. Currently, there are more than 300 communities in the United States with an infant mortality rate of one and a half times the national average. The national infant mortality rate is 7.3 infant deaths per 1,000 births, but many of these communities have infant mortality rates as high as three times this level.*[1] *Children are most likely to die during their first year of life. In the United States, about two-thirds of infant deaths are closely linked to low birth weight, preterm delivery, and events surrounding the prenatal period and delivery. About one-third are associated with conditions or events that arise after delivery, which often reflect social or environmental factors.*[2]

New Castle County

*The infant mortality rate is an outcome measure which reflects the overall health and well-being of a community. It is associated with a variety of factors, including women's health status, quality of access to medical care, socioeconomic conditions, and public health practices. Risk factors contributing to infant deaths include a lack of prenatal care and preventive care, short interpregnancy intervals, inadequate maternal nutrition, poor living conditions, and a mother who has received less than 12 years of education.*[3] *Infants are more likely to die before their first birthday if they live in unsafe homes and neighborhoods or have inadequate nutrition, health care, or supervision.*

---

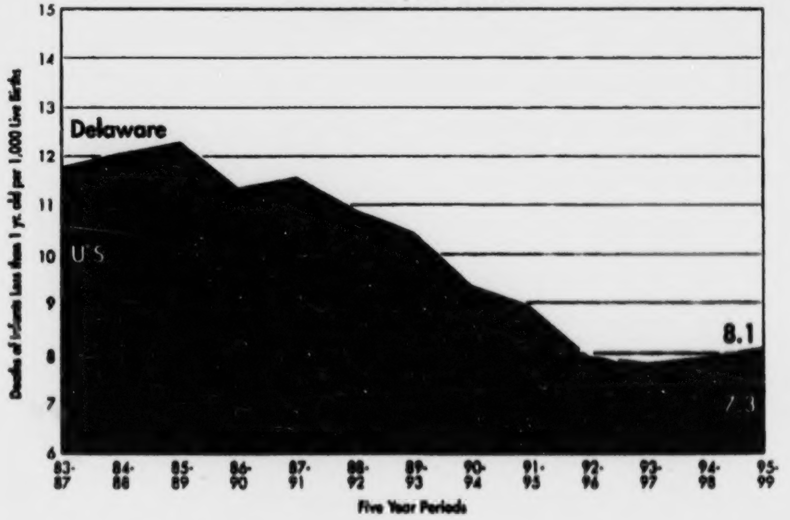
[1] "Knowledge Path: Infant Mortality" NCEMCH June 2000

[2] *2001 Rhode Island Kids Count Fact Book*

[3] Ibid

**Infant Mortality**

Delaware Compared to U.S.



Source: Delaware Health Statistics Center

counting the kids

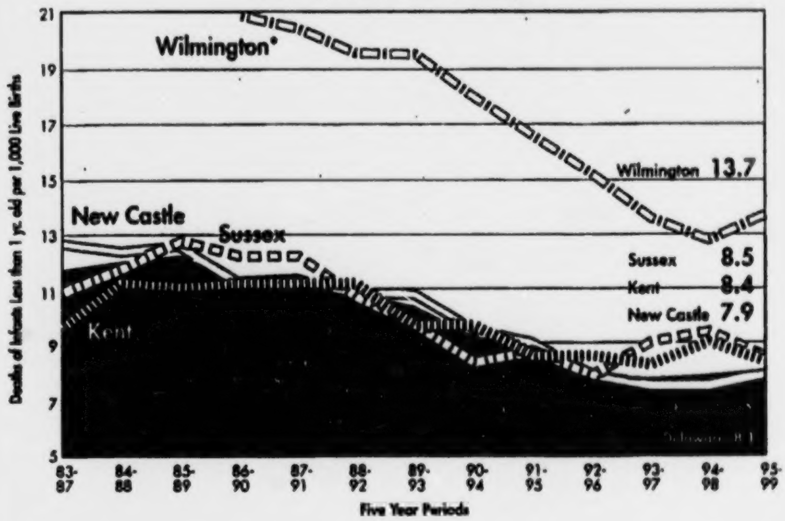
In 1999 there were 56 neonatal deaths (children under 28 days of age) in Delaware: 42 in New Castle County, 8 in Kent County, and 6 in Sussex County.

Source: Delaware Health Statistics Center

BEST COPY AVAILABLE

# *Infant Mortality*

## Infant Mortality
Delaware, Counties and Wilmington



* Wilmington data not available before the 1986–1990 period.

Source: Delaware Health Statistics Center

**Definition:**

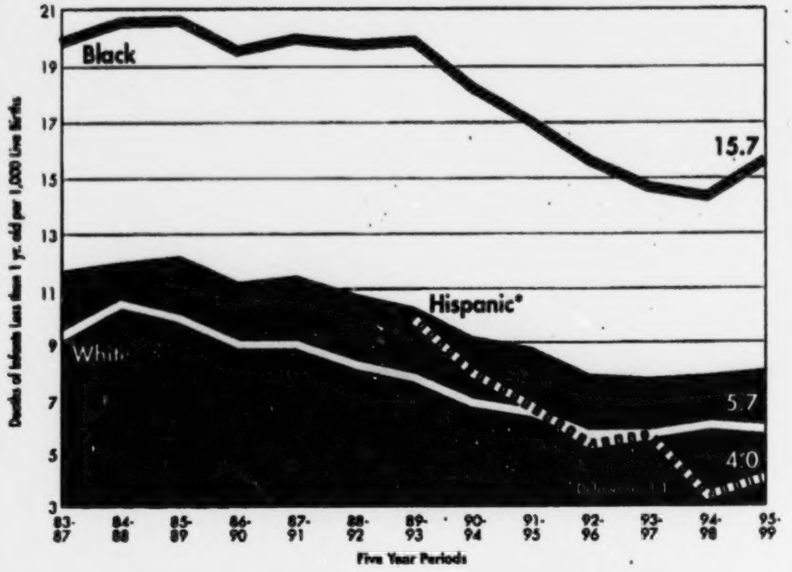
**Infant Mortality Rate** – number of deaths occurring in the first year of life per 1,000 live births

**Birth Cohort** – all children born within a specified period of time. An infant death in the cohort means that a child born during that period died within the first year after birth.

**Birth Interval** – the time period between the current live birth and the previous live birth to the same mother.

Bridgeville

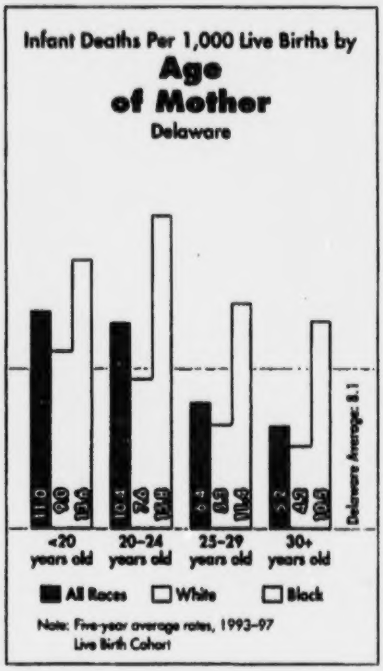
## Infant Mortality
Delaware by Race and Hispanic Origin



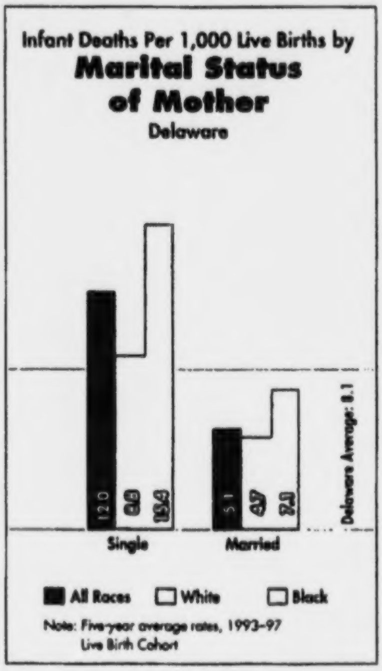
* Hispanic data not available before the 1990–1994 period.
Note: All rates for Hispanics are based on fewer than 20 deaths during the period and should be interpreted with caution.

Source: Delaware Health Statistics Center

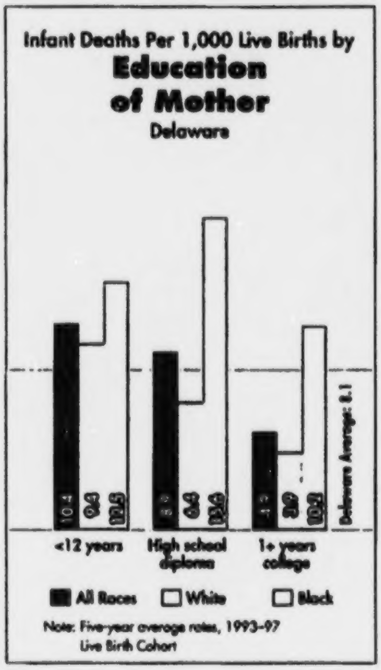
# Infant Mortality



Note: Five-year average rates, 1993–97 Live Birth Cohort



Note: Five-year average rates, 1993–97 Live Birth Cohort



Note: Five-year average rates, 1993–97 Live Birth Cohort

Bridgeville

put data into action

## Six steps to reduce the risk of sudden infant death syndrome (SIDS):

1. **Put your healthy baby on his or her back to sleep.**
   Put your baby to sleep lying on his or her back rather than stomach or side. If your baby has problems breathing or spits up a lot after feeding, ask your doctor about how your baby should sleep.

2. **No smoking near the baby.**
   Do not smoke during pregnancy and do not let others smoke near your baby.

3. **Do not let your baby get too hot.**
   Don't allow your infant to get overheated with excessive bedding, clothing, or a room heater. If your baby is sweating, has damp hair, or a heat rash, he or she may be too hot.

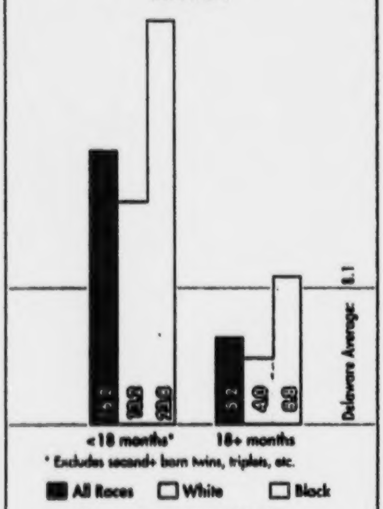
4. **Put your baby to sleep on a firm mattress.**
   Do not let your baby sleep on soft bedding, such as cushions, pillows, blankets, the couch, sheepskins, foam pads, or waterbeds.

5. **Take good care of yourself and the baby.**
   When pregnant, see your doctor often and do not use drugs or alcohol. Talk with your baby's doctor about changes in your baby.

6. **If possible, breastfeed your baby.**
   Breastfeeding has been shown to be good for the overall health of your baby.

Source: "SIDS Information" CJ Foundation for SIDS. Available from: www.cjsids.com

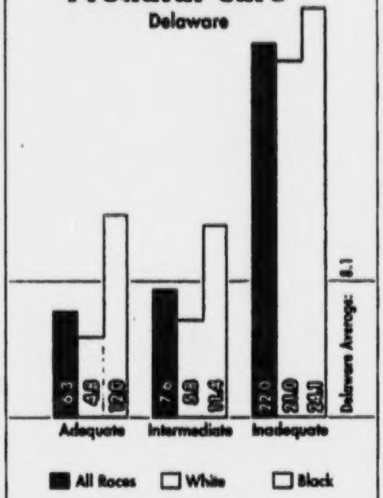
Infant Deaths Per 1,000 Live Births by
**Birth Interval**
Delaware



* Excludes second+ born twins, triplets, etc.

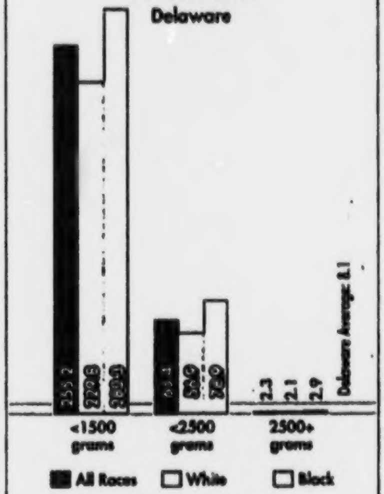
Note: Five-year average rates, 1993-97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
**Adequacy of Prenatal Care**
Delaware



Note: Five-year average rates, 1993-97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
**Birth Weight of Infant**
Delaware



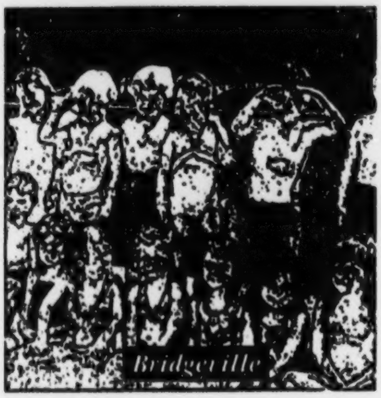
Note: Five-year average rates, 1993-97 Live Birth Cohort

Source for six charts above: Delaware Health Statistics Center

## *Did you know?*

- In the United States, birth defects have been the leading cause of infant mortality for the past 20 years, accounting for more than 1 in 5 infant deaths.
- About 150,000 babies are born with a birth defect each year in the United States (about 4% of live births).
- Estimated lifetime costs for babies born with birth defects total $8 billion.
- Up to 70% of neural tube defects – birth defects of the brain and spinal cord – may be prevented if women consume 400 micrograms of folic acid daily, prior to and during the early weeks of pregnancy.
- In 2000, only 32% of non-pregnant women surveyed reported taking a multivitamin containing folic acid on a daily basis. This rate increased only slightly from 25% in 1995.
- Of all women surveyed in 2000, those least likely to consume a vitamin containing folic acid daily include women 18-24 years, women with less than a high school education, and women with annual household incomes under $25,000.

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, 2001 Edition. Available from: www.modimes.org



**put data into action**

To prevent deaths from soft bedding, seven major retailers have joined the U.S. Consumer Product Safety Commission (CPSC) in a safety campaign promoting safe bedding practices for babies. As many as 900 baby deaths each year attributed to Sudden Infant Death Syndrome (SIDS) may actually be caused by suffocation in soft bedding, such as quilts, comforters, pillows, and sheepskins. Shoppers will no longer see cribs made up with pillows, quilts, and comforters. Many retailers will be including cautionary statements about the use of soft bedding for younger babies in their catalogs, on signs attached to cribs, and on inserts that accompany baby comforters and quilts.

Source: Association of SIDS and Infant Mortality Programs. Available from: www.asip1.org

**For more information see**

| | |
|---|---|
| Tables 19–22 | p. 118–121 |
| Table 24 | p. 122 |
| Table 73 | p. 144 |
| www.modimes.org | |

# Child Deaths *Children 1–14 Years of Age*

DELAWARE COMPARED TO U.S. AVERAGE
**BETTER**

RECENT TREND IN DELAWARE
ABOUT THE
**SAME**

*The child death rate is an outcome measure which provides information about the health status of children and the risk factors to which they are exposed. Child deaths are results of either health problems (birth-related problems, childhood illness, or untreated chronic conditions) or injury (unsafe living environments, intentional/unintentional accidents). Injuries, both intentional and unintentional, are the leading cause of death for children between ages 1 and 19. Nationally, unintentional injury deaths represent two-thirds of the deaths to children and youth.[1] Children who live in poverty are two to three times more likely to die as a result of injury, and three to four times more likely to die from illness than children who are not poor.[2]*

*It is hypothesized this disparity is due to limited access to quality emergency and non-emergency healthcare, and because poor children often live in unsafe environments where they are exposed to violence, environmental hazards, and inadequate supervision. It is also important to recognize that deaths by injury are just the tip of the iceberg. For every childhood death caused by injury, there are approximately 34 hospitalizations, 1000 emergency department visits, many more visits to private physicians and school nurses, and an even larger number of injuries treated at home.[3] The most effective prevention approaches are comprehensive and use multiple strategies. Effective strategies include public policy changes reinforced through safety or environmental legislation and regulation; community-based efforts to change social norms and behaviors related to safety; and individualized education, such as one-on-one counseling by a pediatrician or health professional in a clinical setting.[4]*

Wilmington

[1] Kids Count Missouri: 2000 Data Book

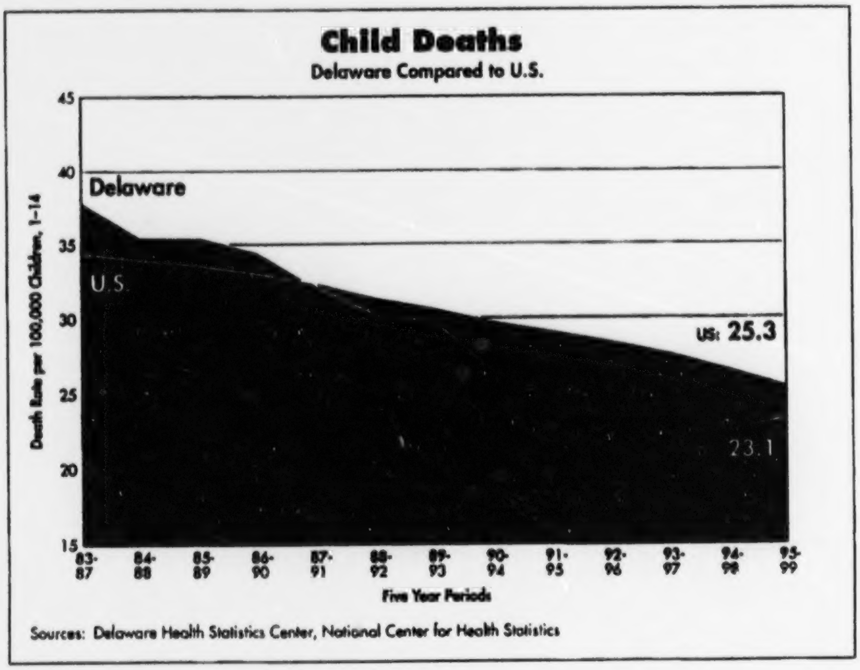
[2] 2000 Maryland Kids Count Factbook

[3] www.cdc.gov/ncipc/factsheets/childh.htm

[4] www.futureofchildren.org

**Child Deaths**

Delaware Compared to U.S.

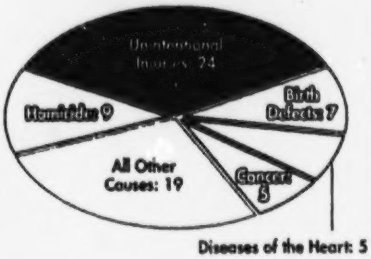


Sources: Delaware Health Statistics Center, National Center for Health Statistics

# Child Deaths

## Causes of Death of Children 1–4

Delaware, 1995–1999

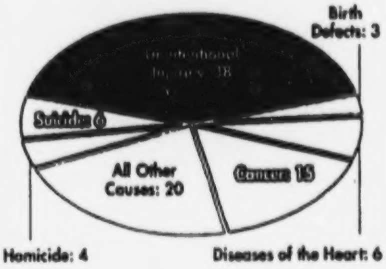


Total Number of Deaths
in five-year period: 69 Children

Source: Delaware Health Statistics Center

## Causes of Death of Children 5–14

Delaware, 1995–1999



Total Number of Deaths
in five-year period: 92 Children

Source: Delaware Health Statistics Center

**Definitions:**

**Child Death Rate** – number of deaths per 100,000 children 1–14 years old

**Unintentional Injuries** – accidents, including motor vehicle crashes

Wilmington

### *Did you know?*

The Office of Highway Safety and other organizations offer free child safety seat checks. For questions about this program or a schedule of upcoming car seat checks, call (302) 744-2740. For tips about installing car seats and deciding which seat is best, or information about the Delaware Child Restraint Law, go to www.state.de.us/highway/CPS.htm

put data into action

### Effective steps that emphasize prevention of disease and unintentional injuries:

- Health care initiatives that emphasize prevention of disease and unintentional injuries;
- Education and outreach efforts to ensure that all children under age 2 have all their required immunizations;
- Child abuse prevention efforts that focus on support services for parents;
- Consistent and proper use of safety belts and bicycle helmets;
- Education regarding home safety, including the importance of smoke detectors and the proper storage and handling of firearms in the home; and
- Creation of safe places for children, including increasing after-school programs and police protection in neighborhoods with high crime rates.

Source: Kentucky Kids Count: 2000 County Data Book

counting the kids

Of the 31 Delaware children ages 1–14 who died in 1999, 18 were from New Castle County, 7 from Kent County, and 6 from Sussex County.

Source: Delaware Health Statistics Center

BEST COPY AVAILABLE

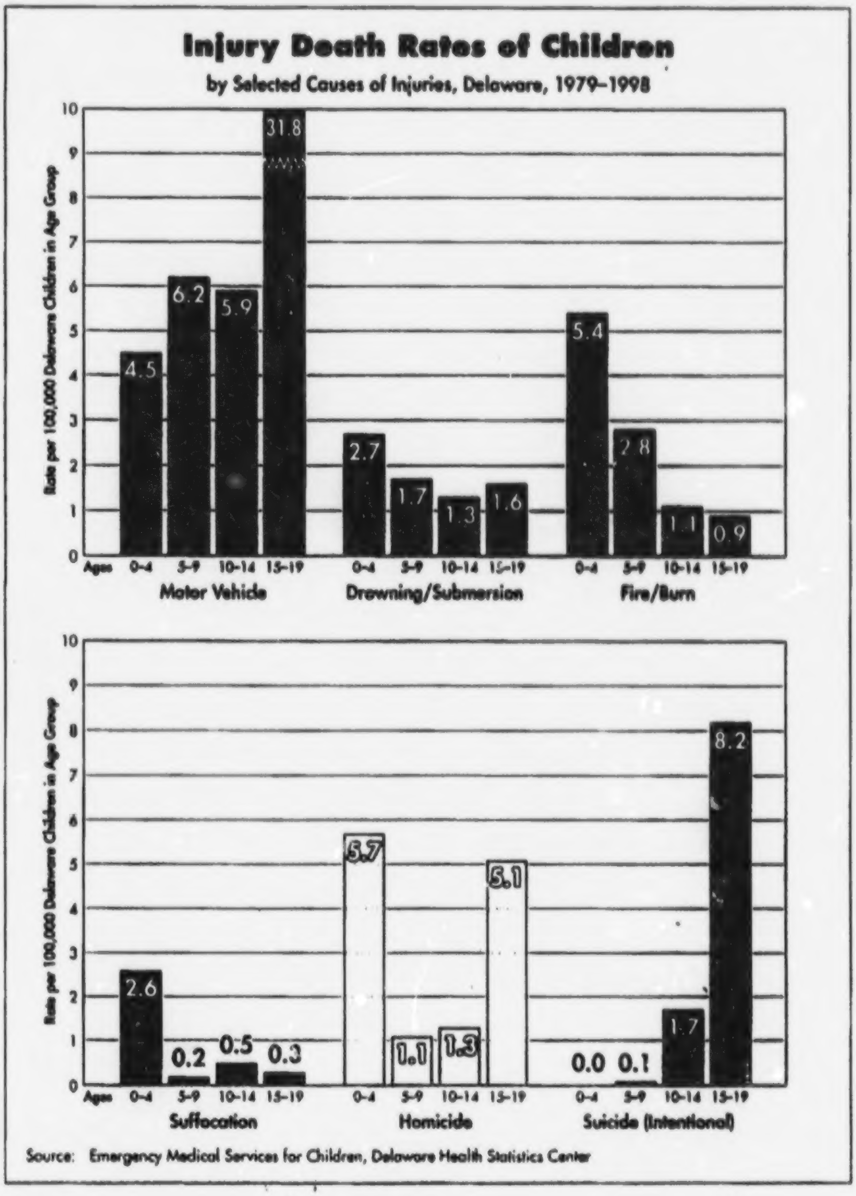
# Child Deaths

Injuries are the leading cause of death for Delaware children ages 1–19. From 1979 to 1998, more children died from injuries in Delaware than all other causes of death for their age. Injuries accounted for over 58 percent of all deaths in children 1–19 years of age; 45 percent of all deaths were from unintentional injuries.

Motor vehicle-related injuries were the leading cause of injury deaths for children ages 5–19. Fires and burns were the leading cause of unintentional injury death of children ages 0–4.

Falls were the leading cause of injury hospitalizations for Delaware children ages 0–14 in the years 1996–1999. Injuries from rollerskates, skateboards, kneeboards, and snowboards were the largest percentage of these fall (20.9%), followed by falls from one level to another (19.2%), from playground equipment (14.2%), and from stairs or steps (8.7%).

Source: Emergency Medical Services for Children, Delaware Health Statistics Center, Available at www.dehealthdata.org/publications

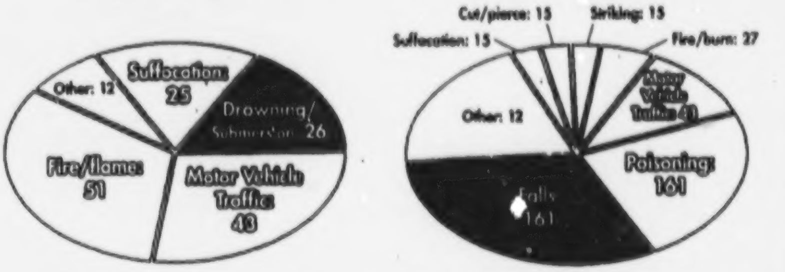

**Injury Death Rates of Children**

by Selected Causes of Injuries, Delaware, 1979–1998

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

# Child Deaths

## Unintentional Injuries for Children Ages 0–4



**Unintentional Injury Deaths**
Delaware, 1979–1998

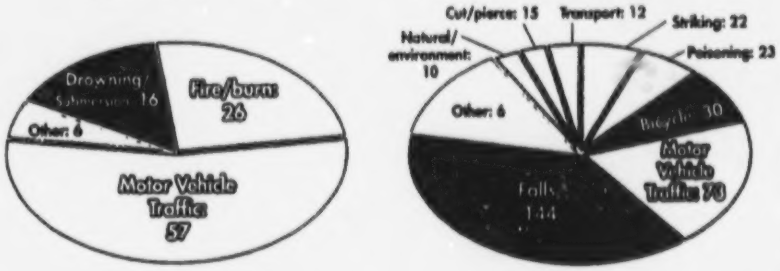
157 Deaths in Twenty-year Period

**Unintentional Injury Hospitalizations**
Delaware, 1996–1999

518 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

## Unintentional Injuries for Children Ages 5–9



**Unintentional Injury Deaths**
Delaware, 1979–1998

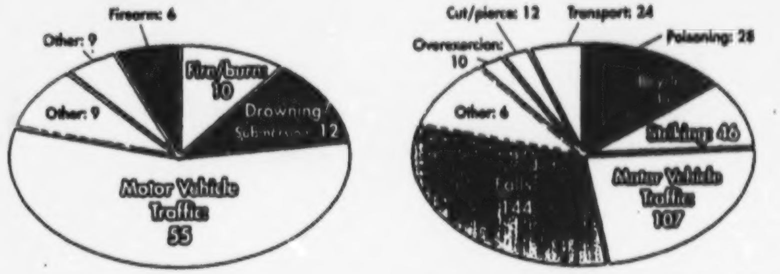
105 Deaths in Twenty-year Period

**Unintentional Injury Hospitalizations**
Delaware, 1996–1999

375 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

## Unintentional Injuries for Children Ages 10–14



**Unintentional Injury Deaths**
Delaware, 1979–1998

97 Deaths in Twenty-year Period

**Unintentional Injury Hospitalizations**
Delaware, 1996–1999

454 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

**Definition:**

Hospitalizations – data includes only inpatient hospital discharges. Emergency department visits that do not result in inpatient hospitalization are not included. It is estimated that for every injury death there are 18 hospitalizations and 250 emergency department visits.

**For more information see**

| | |
|---|---|
| Tables 19–25 | p. 118–123 |
| Table 69 | p. 142 |
| Table 73 | p. 144 |

www.kidshealth.org

# Teen Deaths by Accident, Homicide, & Suicide

DELAWARE COMPARED TO U.S. AVERAGE
**BETTER**

RECENT TREND IN DELAWARE ABOUT THE
**SAME**

*The transition to adulthood confronts teenagers with numerous health and safety risks. Factors contributing to teen deaths include risk-taking behavior, violence, and the use of alcohol and drugs.[1] The developmental stage which peaks during adolescence has a well-documented risk-taking component which may lead teenagers into dangerous and even life-threatening situations. Teen violent death is also an indicator of the stress, hostility, and anger teens may feel and the degree to which they have adequate social and family supports and access to mental health and other services.[2]*

*From 1980 to 1996, the rate of suicide among persons aged 15-19 years increased 14% and among persons 10-14 years by 100%. Drug and alcohol abuse was the most common characteristic of young people who attempted suicide, and 90% of adolescent suicide victims had at least one diagnosable, active psychiatric illness at the time of death. Firearms are now the most frequent method of suicide for men and women of all ages, including boys and girls aged 10 to 14 years. The availability of guns in the home markedly increases the likelihood of suicide by a young person in such a home.[3] In 1999, 5,749 teenagers died in the United States from motor vehicle crash injuries. Such injuries are by far the leading public health problem for young people 13–19 years old. Compared with adults, teenagers' crashes and violations are more likely to involve speeding, and teenagers do more driving at night in small, older cars.[4]*

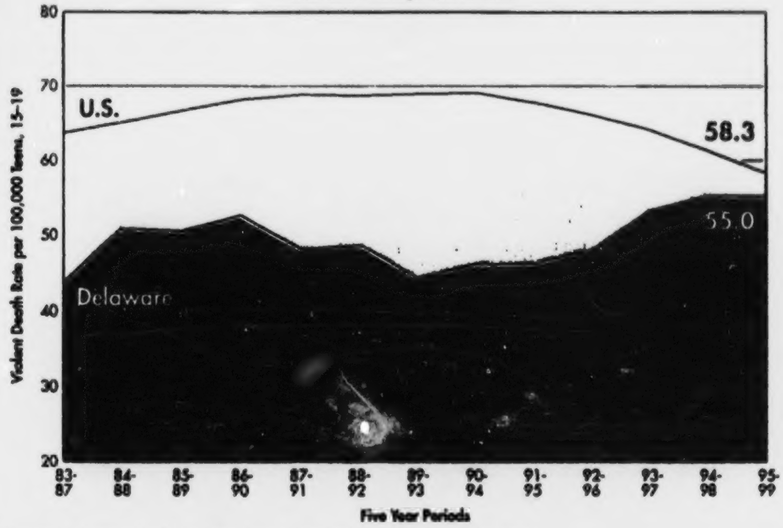
---

[1] 2001 Rhode Island Kids Count Factbook

[2] 2000 Maryland Kids Count Factbook

[3] About Suicide Facts: Firearms and Suicide. Available from: www.afsp.org

[4] "Q & A: Teenagers". Insurance Institute for Highway Safety and Highway Loss Data Institute



**Teen Deaths by Accident, Homicide, and Suicide**

Delaware Compared to U.S.

Sources: Delaware Health Statistics Center, National Center for Health Statistics

counting the kids

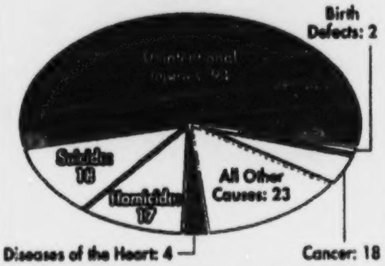
In 1999 there were 26 teen (ages 15-19) deaths in Delaware: 13 in New Castle County, 8 in Kent County, and 5 in Sussex County.

Source: Delaware Health Statistics Center

BEST COPY AVAILABLE

### Causes of Death of Teens 15–19

Delaware, 1995–1999



Total Number of Deaths in Five-year Period: 169 Teens

Source: Delaware Health Statistics Center

### Deaths of Teens 15–19

Number in Delaware by Cause, 1999

| | |
|---|---|
| Motor Vehicle Crashes | 7 males<br>6 females |
| Suicide | 3 males<br>1 female |
| Homicide | 2 males<br>0 females |
| Other Unintentional Injuries | 3 males<br>1 female |
| All Other Causes | 3 males<br>1 female |

Total Number of Deaths: 27 Teens

Source: Delaware Health Statistics Center

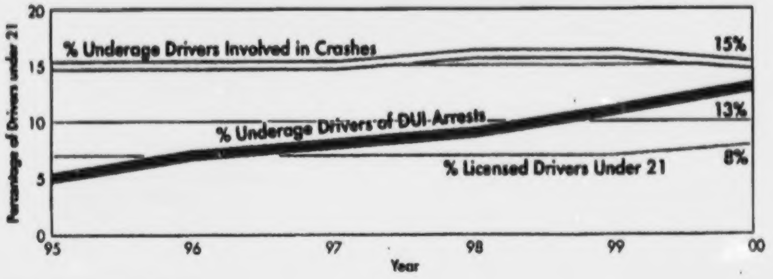
**Definitions:**

**Teen Deaths by Accident, Homicide, and Suicide** – number of deaths per 100,000 teenagers 15-19 years old

**Unintentional Injuries** – accidents, including motor vehicle crashes

### Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



Source: Delaware State Police

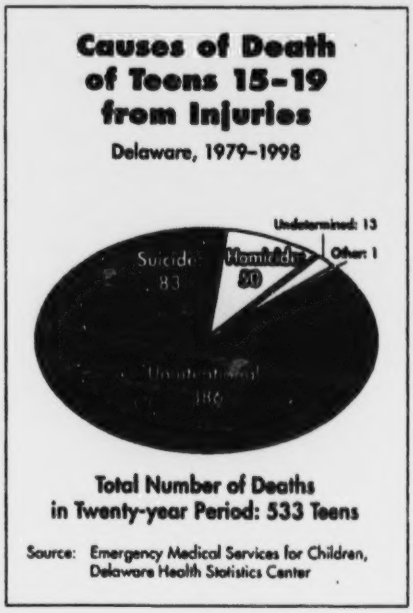
While drivers under age 21 are only eight percent of all drivers in Delaware, they are involved in 15% of all crashes and 13% of all DUI arrests.

## *Did you know?*

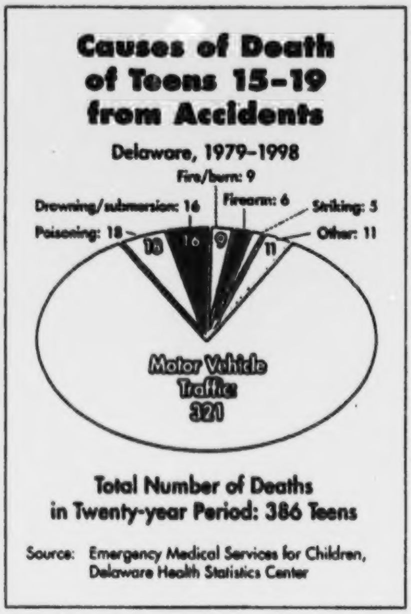
- 4% of all deaths due to motor vehicle accidents are teen drivers.
- 53% of teen driver deaths due to motor vehicle accidents occur on weekends.
- Teen drivers killed in motor vehicle accidents had a youth passenger in the automobile 45% of the time.
- Of teen drivers fatally injured in automobiles, more than 1/3 were speed related accidents.
- The teen lifestyle of staying up late increases the risk having an automobile accident due to drowsiness.
- Teens are more likely to be involved in a single vehicle crash than any other age group.
- On the basis of current population trends, there will be 23% more 16–20 year old drivers on the road in 2010 than there are today. The 16 year old population alone will increase from 3.5 million to over 4 million in 2010.
- Teens make up 7% of licensed drivers in the U.S., but suffer 14% of fatalities and 20% of all reported accidents.

Source: Just 4 U Teens: Teen Driving Information and Stuff For New Teen Drivers. Available from: www.drivehomesafe.com

# Teen Deaths



Source: Emergency Medical Services for Children, Delaware Health Statistics Center



Source: Emergency Medical Services for Children, Delaware Health Statistics Center

New Castle County

**put data into action**

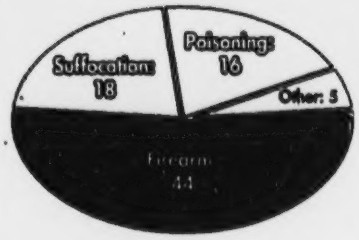
When parents understand the risk factors involved in letting teens get behind the wheel, they can act to improve the situation for their own children.

- **Don't rely solely on driver education.** High school driver education may be the most convenient way to learn driving skills, but it may not produce safer drivers.
- **Restrict night driving.** Most nighttime fatal crashes among young drivers occur between 9 p.m. and midnight, so teenagers should not be driving much later than 9 p.m.
- **Restrict passengers.** Teen passengers in a vehicle can distract a beginning driver and/or lead to greater risk-taking. Almost two of every three teen passengers deaths (62%) occur in crashes with a teen driver.
- **Supervise practice driving.** Take an active role in helping your teenager learn how to drive. Plan a series of practice sessions in a wide variety of situations, including night driving. Give beginners time to work up to challenges like driving in heavy traffic or on the freeway.
- **Remember you are a role model.** New drivers learn a lot by example, so consistently model safe driving behaviors.
- **Require safety belt use.** Belt use is lower among teenagers than older people.
- **Prohibit driving after drinking.** Make it clear that its illegal and highly dangerous for a teenager to drive after drinking alcohol or using any other drug.
- **Encourage open communication** concerning calling home when a ride is needed due to alcohol impairment.
- **Choose vehicles for safety, not image.** Teenagers should drive vehicles that reduce their chances of a crash and offer protection in case they do crash. For example, small cars don't offer the best protection in a crash. Avoid cars with performance images that might encourage speeding.

Source: "Beginning Teenage Drivers" Insurance Institute for Highway Safety. Available from: www.highwaysafety.org

### Causes of Death of Teens 15–19 from Suicides

Delaware, 1979–1998

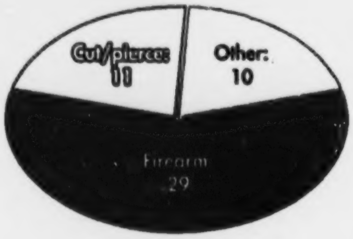


Total Number of Deaths in Twenty-year Period: 83 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

### Causes of Death of Teens 15–19 from Homicides

Delaware, 1979–1998



Total Number of Deaths in Twenty-year Period: 50 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

**put data into action**

Suicide can be prevented. While some suicides occur without any outward warning, most do not. The most effective way to prevent suicide is to learn how to recognize the signs of someone at risk, take those signs seriously, and know how to respond to them.

**Know the Danger Signals:**

- **Previous suicide attempts**: Between 20–50% of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their lives.
- **Talking about death or suicide**: People who commit suicide often talk about it directly or indirectly. Sometimes those contemplating suicide talk as if they are saying goodbye or going away.
- **Planning for suicide**: Individuals contemplating suicide often arrange to put their affairs in order. They may give away articles they value or pay off debts.
- **Depression**: Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal from activities that had once been enjoyable.

Source: About Suicide Facts: What To Do If a Loved One May Be Contemplating Suicide. Available from: www.afsp.org

## *Did you know?*

**Firearms and Suicide:**

- Death by firearms is the fastest growing method of suicide. Firearms are used in more suicides than homicides.
- More than 90% of people who commit suicide with a firearm use a gun already in the house.
- Although most gun owners reportedly keep a firearm in their home for "protection" or "self-defense," only 2% of gun-related deaths in the home are the result of a homeowner shooting an intruder; while 3% are accidental child shootings, 12% are the result of adult partners shooting one another, and 83% are the result of suicide, often by someone other than the gun owner.
- Research shows that residents of homes where guns are present are five times more likely to experience a suicide than residents of homes where there are no guns present.

Source: About Suicide Facts: Firearms and Suicide. Available from: www.afsp.org

New Castle County

**For more information see**

Tables 25–31 p. 123–125

www.highwaysafety.org

www.talkingwithkids.org

www.noviolence.net

# Juvenile Violent Crime Arrests

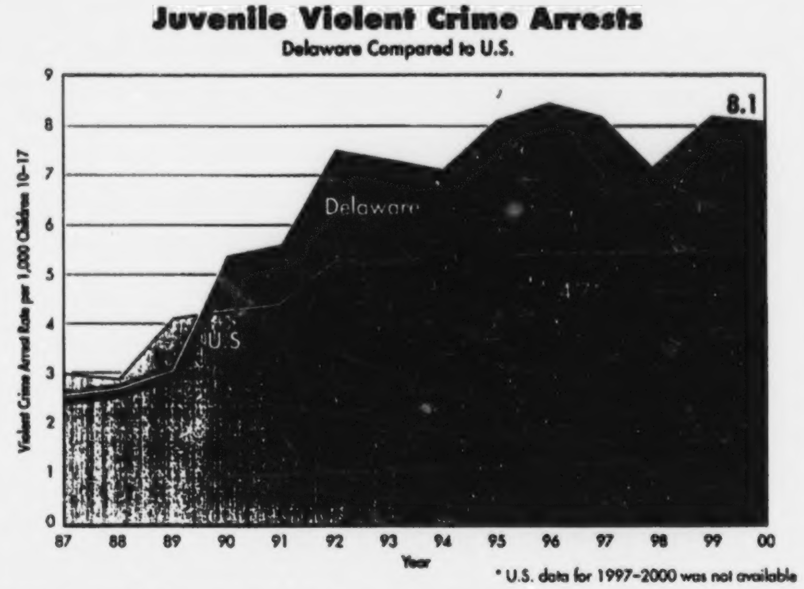
DELAWARE COMPARED TO U.S. AVERAGE
**WORSE**

RECENT TREND IN DELAWARE
ABOUT THE
**SAME**

*This indicator is a good measure of juveniles at high risk for continued serious delinquency. Being arrested for a violent crime clearly has serious short- and long-term ramifications and can significantly affect the life course of adolescents.[1] Risk factors for juvenile crime and delinquency include a lack of education and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including falling behind one or more grade levels, increases the likelihood of involvement with the juvenile justice system.[2] Effective prevention strategies combine programs such as truancy reduction, substance abuse services, youth mental health services, mentoring, conflict resolution, after-school tutoring, vocational training, recreation, community service, and leadership development. Programs are most effective when they are comprehensive, community-based, and culturally-appropriate.[3]*

*It is adults who create the models that children emulate. Adults produce the TV shows, movies, and music that glorify violence. Adults in neighborhoods and at home can promote an attitude that says violence is okay, sometimes respectable. By glorifying or even condoning violence, we create a world that is frightening, hurtful, and deadly for children.[4]*

[1] 2000 Maryland Kids Count Factbook
[2] Kids Count in Virginia: 2001
[3] 2001 Rhode Island Kids Count Factbook
[4] The State of Washington's Children: Winter 1999 Report



Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000

## Did You Know?

Zero-tolerance policies are administrative rules intended to address specific problems associated with school safety and discipline. Zero-tolerance policies were enacted to combat the seemingly overwhelming increase in school violence during the 1990s. In a 1995 School Crime Victimization Survey, 12 percent of responding students knew someone who had brought a gun to school. As the media focused on violence in schools, pressure increased on legislators to take action against weapons in schools. Some states decided to apply zero tolerance to the entire breadth of possible disciplinary infractions in an effort to weed out violators and standardize discipline.

Source: www.ed.gov/databases/ERIC_Digests/[illegible]79.html

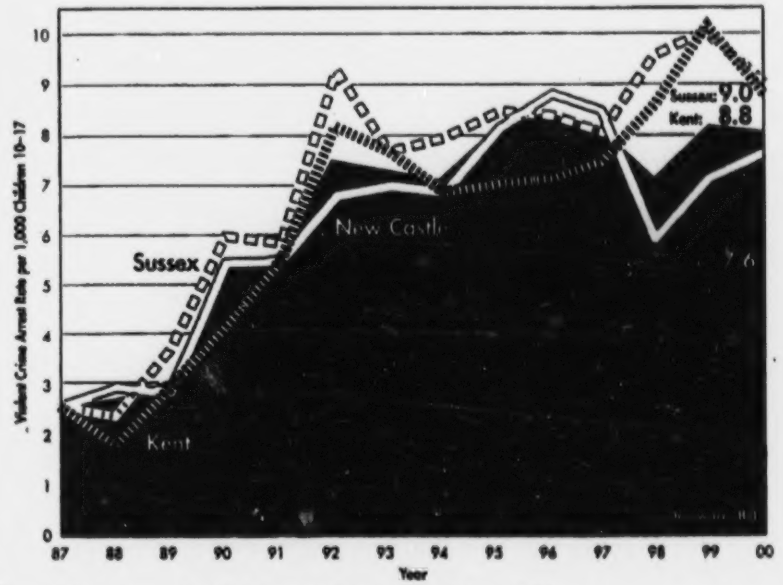
# *Juvenile Violent Crime Arrests*

**Definition:**

**Juvenile Violent Crime Arrest Rate – number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault**

## Juvenile Violent Crime Arrests

Delaware and Counties



Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000

## Violent Juvenile Arrests

Number of Juveniles Arrested

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Delaware | 588 | 629 | 549 | 557 | 654 | 627 |
| New Castle | 382 | 414 | 334 | 298 | 361 | 378 |
| Kent | 93 | 102 | 96 | 121 | 147 | 123 |
| Sussex | 113 | 113 | 119 | 138 | 146 | 126 |

Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000

**put data into action**

Children living in poverty, especially within an affluent society, are at high risk for growing up discouraged, disadvantaged, and angry.

- **Caring adults are clearly important.** Children are far less likely to engage in negative behaviors if they have good adult role models and caring adults.
- **Neighborhoods make a difference.** Children are more likely to become involved with crime, drugs, and violence if they grow up with it. With opportunities for recreation, guidance, and support, adolescents are likely to flourish.
- **Schools can be very influential in how children develop,** as well as in how they learn. Several recent studies have demonstrated that attachment to school and positive engagement in school-related activities are strong protective factors for preventing crime and other negative behaviors.
- **Depression** is a widespread affliction of today's youth, leading to negative outcomes.

Source: The State of Washington's Children: Winter 1999 Report

# Juvenile Violent Crime Arrests

House Bill 85 which amended Title 14 of the Delaware Code requires that certain types of student conduct occurring in Delaware schools be reported to the Department of Education and the Delaware State Police. Such behaviors include violent felonies, assaults against students or employees, unlawful sexual contact, and possession and/or concealment of a weapon/dangerous instrument. The State Board of Education expanded the reporting requirements to include additional incidents such as disorderly conduct, fighting, and computer offenses.

## School Violence and Possession

Delaware, School Year 1999–2000

### Locations

Location of Student Conduct Offenses

| Location | Number | Percent |
|---|---|---|
| Inside school building | 1,190 | 67% |
| Administrative Office | 97 | |
| Cafeteria | 82 | |
| Classroom | 583 | |
| Gymnasium | 92 | |
| Hall/Stairway | 288 | |
| Restroom | 48 | |
| On school grounds | 293 | 17% |
| On the bus | 174 | 10% |
| At bus stop | 29 | 2% |
| Off school grounds | 24 | 1% |
| Other | 62 | 3% |
| Unknown | 2 | <1% |
| **Total** | **1,774** | |

### Weapons

Student Possession and/or Concealment of Weapons/Dangerous Instruments

| Weapon/<br>Dangerous Instrument | Student Conduct Offenses Number | Student Conduct Offenses Percent |
|---|---|---|
| Knife | 62 | 47% |
| Razor blade/box cutter | 17 | 13% |
| Explosive, incendiary, or poison gas | 8 | 6% |
| Firearm (handgun/rifle/shotgun) | 6 | 5% |
| Other | 39 | 30% |
| **Total** | **132** | |

Source: "Annual Report of School Climate and Student Conduct in Delaware Schools, 1999-2000", Delaware Department of Education, March 2001.

Wilmington

## *Did You Know?*

Violent incidents and threats of violence at school negatively affect students, school staff, and the educational process. Fear and feelings of being unsafe cause students to miss school and participate less in class. Widespread concern about violence within a school may reduce the quality of teaching, disrupt classroom discipline, limit teachers' availability to students before or after the school day, and reduce students' motivation to attend school and/or willingness to participate in extracurricular activities.

- Student assaults on other students are the most frequent type of violence reported in schools.
- Every day approximately 100,000 children are assaulted at school. Additionally, 5,000 teachers are threatened with physical assault and 200 are actually attacked each day.
- Many school-aged children in the United States can easily obtain a firearm if they wish, even though laws forbid the sale of firearms to minors.
- In recent years, weapon carrying by students in schools has become a growing source of violence and threat of violence. A study by the Centers for Disease Control and Prevention (1995) found that nearly 1/4 of students nationwide had carried a weapon to school during the month preceding the survey.

Source: Center for the Study and Prevention of Violence. Available from: www.colorado.edu/cspv

**For more information see**
Tables 27–39 p. 124–129
www.pledge.org
www.ncsu.edu/cpsv
www.connectforkids.org

# High School Dropouts

*Failing to complete high school puts many teenagers at a much higher risk of falling into poverty, as well as limits future job opportunities due to lack of education and skills. National dropout rates for 16-19 year olds vary greatly by geographic location; dropout rates for 16-19 year-olds living in central cities were twice the rate for their suburban counterparts in the United States in 1999 (14% and 7%, respectively). Rates for high school dropouts also vary due to race and ethnicity. In 1999, the national dropout rate of Hispanic teenagers was equal to the combined rate of African American (13%) and white (7%) dropout rates.*[1]

*Lacking work experience also puts many young adults at risk for poverty, and limits future employment opportunities. Unfortunately, many high school dropouts will find inadequate employment opportunities upon leaving school compounded by their lack of education and employable skills. High school dropouts have a higher unemployment rate than those who completed high school. In October 1998, the rate of unemployment for female high school dropouts was 38.7% and 19% for male high school dropouts.*[2]

DELAWARE COMPARED TO U.S. AVERAGE
**WORSE**

RECENT TREND IN DELAWARE GETTING...
**BETTER**

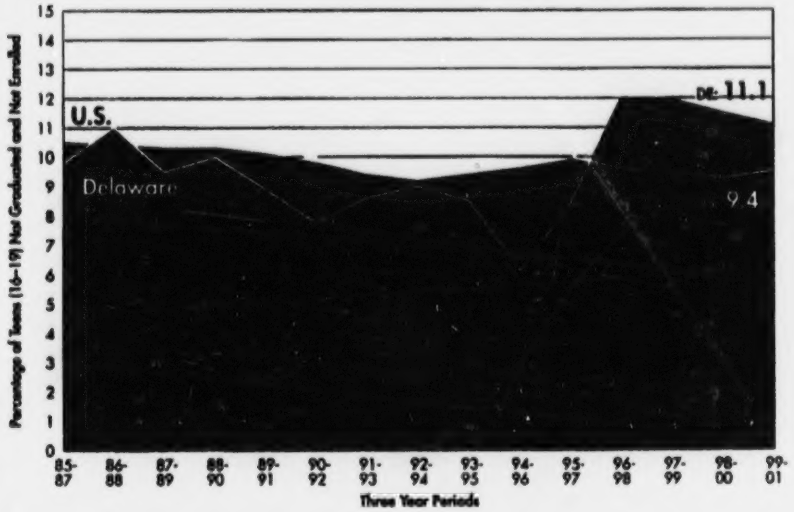
**Definition:**

**Teens Not Graduated and Not Enrolled** – youths 16–19 who are not in school and not high school graduates

Wilmington

**Teens Not Graduated and Not Enrolled**

Teens 16–19 Years Old, Delaware Compared to U.S.



Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout.

This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

Source: Center for Applied Demography and Survey Research, University of Delaware

## *Did you know?*

Between 1973 and 1997, the average hourly wage for high school dropouts fell 31% (adjusted for inflation).

Source: Mishel, L., Bernstein, J., & Schmitt, J. (1999). *The State of Working America 1998-99*. M. E. Sharpe, Armonk, NY.

---

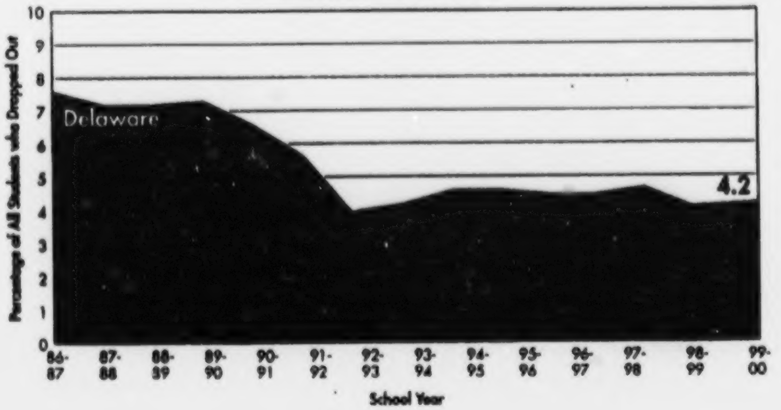
[1] KIDS Count Online. (2000). Annie E. Casey Foundation.

[2] Unemployment and the newest high school dropouts. (1999). U.S. Department of Labor, Bureau of Labor Statistics.

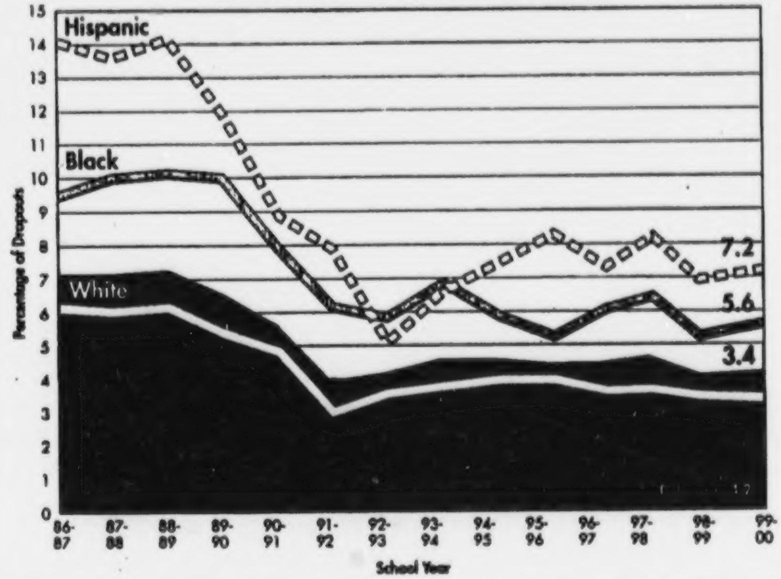
# High School Dropouts

Sussex County

**Public High School Dropouts**
Grades 9–12, Delaware



**Public High School Dropouts**
Grades 9–12, Delaware by Race and Ethnicity



This data, provided by the Delaware Department of Education, reports information from the state's secondary schools. Delaware currently has the capability to maintain a complete dropout database at the state level which contains individual student records, rather than aggregate counts.

Source: Delaware Department of Education

## *Did you know?*

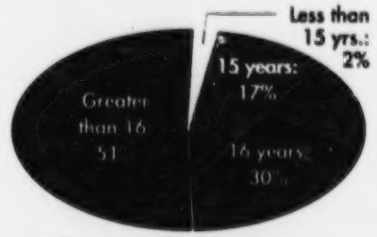
**The lack of necessary support services, such as child care, transportation, and substance abuse counseling, is often one reason that youth drop out of school. Programs that ensure that the appropriate services are provided are successful at bringing out-of-school youth back into the education system and keep them there.**

Source: Resource Bulletin: School-to-Work Opportunities For Out-of-School Youth. Available from: www.ed.gov

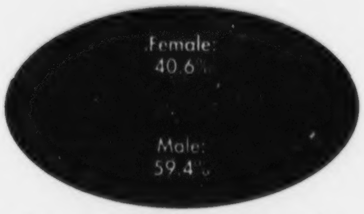
# High School Dropouts

## Dropouts

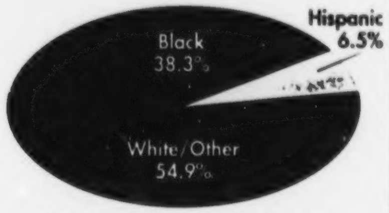
by Age, Gender, and Racial/Ethnic Group
School Year 1999–2000



Percentage of all dropouts by age



Percentage of all dropouts by gender

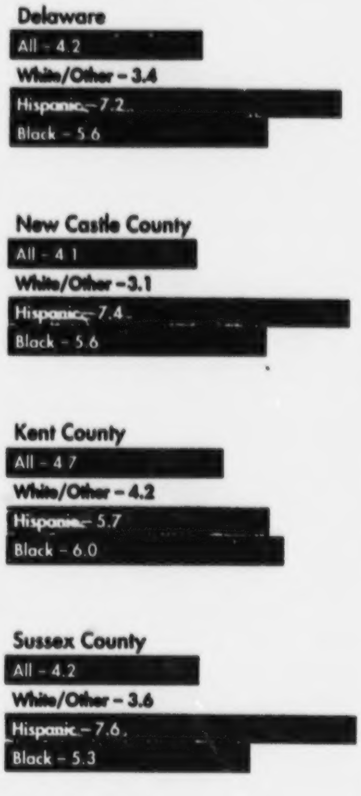


% of all dropouts by racial/ethnic group

Source: Delaware Department of Education

## Dropout Rates

by Racial/Ethnic Group
School Year 1999–2000



Delaware Average: 4.2

Source: Delaware Department of Education

Sussex County

**put data into action**

Hispanic girls have a higher high school dropout rate and are the least likely to earn a college degree, compared to girls in other racial or ethnic groups, according to a study by the American Association of University Women. In the United States, the dropout rate for Latinas ages 16 to 24 is 30%, compared with 12.9% for blacks and 8.2% for whites.[1]

Schools can do more to recognize family responsibilities and cultural values and pressures that Hispanic girls face. These can include the need to care for siblings after school, expectations from boyfriends and fiancés about not being "too educated" and from peers who accuse them of "acting white" when they spend time on academics. Suggestions from researchers are for educators to "pay closer attention to the cultural issues faced by Hispanic girls, recruit Hispanic teachers who can serve as role models, and involve entire families in decisions about college."[2]

| For more information see | |
|---|---|
| Table 21 | p. 120 |
| Tables 40–47 | p. 129–132 |
| Table 64 | p. 140 |
| www.jobcorps.org | |

---

[1] Gamboa, Suzanne. "More Latinas Leaving School: A New Study Finds Hispanic Girls Have Higher Dropout Rates Than Other Groups." The Associated Press. Washington, January 25, 2001. Available at http://abcnews.go.com/sections/us/DailyNews/latinasdropout010125.html

[2] Ginorio, Angela and Michelle Huston. "¡Se, Se Puede! Yes, We Can: Latinas in School." American Association of University Women, 2000. Available at www.aauw.org/2000/latina.html

# Teens Not in School and Not Working

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE GETTING **WORSE**

*Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. This group of teens is likely to lack credible references, have little confidence in their abilities, and lack knowledge about job opportunities. They are also at especially high risk for teen parenting, crime, negative behaviors, and limited economic prospects as adults.*[1]

*The School-to-Work Opportunities Act of 1994 is designed to provide all young people, including out-of-school and at-risk youth, with access to programs that integrate academic and occupational education, set high standards, and prepare them for the workforce.*[2] *Another effective strategy includes providing disconnected youth with adult mentors. Frequently, out-of-school youth do not have role models who inspire them either to stay in school or to succeed in the workplace. Mentoring programs across the country are developed with many different goals and objectives. However, most programs have been designed to expect changes and benefits in the areas of: academic achievement, employment or career preparation, social or behavior modification, family and parenting skills, and social responsibilities. Mentors have the power and influence to change the negative cycle of their mentees.*[3]

---

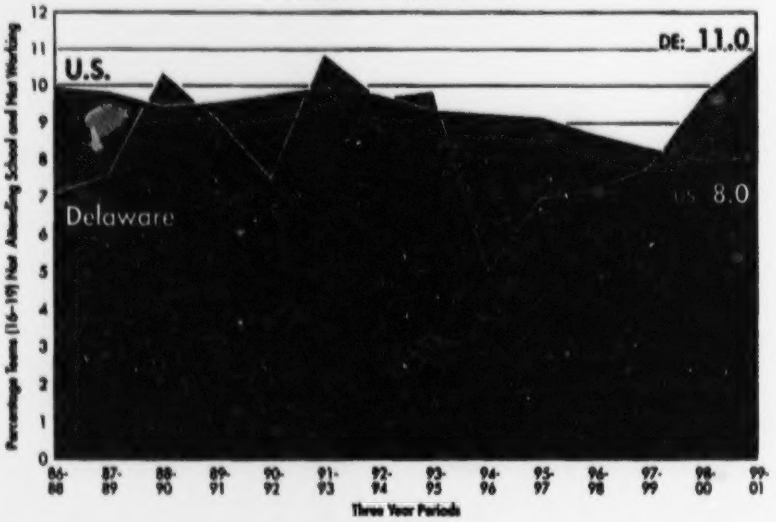
[1] 20001 Rhode Island Kids Count Factbook

[2] Resource Bulletin: School-to-Work Opportunities For Out-of-School Youth. Available from: www.ed.gov

[3] Effective Strategies for Mentoring. Available from: www.dropoutprevention.org

## Teens Not in School and Not Working

Delaware Compared to U.S.



Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout. This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

Source: Center for Applied Demography and Survey Research, University of Delaware

## Did you know?

Many middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections with employers and places of employment.

Source: 2001 Rhode Island Kids Count Factbook

# Teens Not in School and Not Working

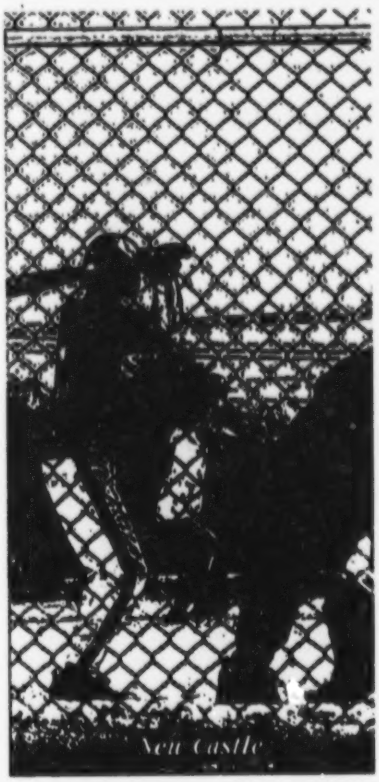
**Definition:**

**Teens Not in School and Not Working** – teenagers 16–19 who are not in school and not employed

## Suspensions and Expulsions

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 1999-2000 school year, a total of 28,087 suspensions were reported in Delaware's public schools. Four percent of these suspensions occurred in grades K-3. Approximately 49% of the suspensions involved students from grades 4-8 and the remaining 47% of suspensions happened at the high school level, grade 9-12. Suspensions were the result of various infractions, including defiance of authority and fighting. The number of different students involved in incidents that resulted in suspension was 12,702.

It is important to know that the duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.



### Expulsions and Suspensions in Delaware Schools, 1999–2000

| County | Enrollment* | Number of Expulsions | Number of Suspensions** |
|---|---|---|---|
| Delaware | 113,598 | 119 | 28,087 |
| New Castle | 66,235 | 69 | 21,432 |
| Kent | 24,731 | 14 | 3,506 |
| Sussex | 21,432 | 36 | 3,149 |

*Enrollment for state total includes charter schools, but counties do not (see School Climate Report, pg. 3)

**Suspensions may include duplicate students

Note: Most frequent infractions resulting in Suspensions were Defiance of School Authority, Fighting, General Disruption. Most frequent infractions resulting in Expulsion were Drug Use or Possession, Assault/Battery.

Source: Delaware Department of Education

### Did You Know?

- African-American and Hispanic students continue to be suspended and expelled from public schools at higher rates than their white counterparts. While the annual suspension rate for all students nearly doubled between 1974 and 1998, from 3.7 percent to 6.9 percent, blacks and Hispanics continued to be suspended at higher rates than whites.
- The largest disparity existed in the suspension rates for black students, who made up about 17 percent of all students in 1998-99, but accounted for 33 percent of all students suspended. White students made up 63 percent of enrollment and 50 percent of suspensions. The 15 percent Hispanic enrollment made up 14 percent of the suspensions.
- A recent study found that in 1998 there were 4.9 million vulnerable youth between the ages of 14–24 in the United States. This research identified vulnerable youth as young people who had aged out of or dropped out of public school; youth who had at one time been homeless; youth who were not attending school and had not graduated; and youth with a parent in jail or prison.
- Black students make up 17% of those enrolled in our nation's schools, yet account for 32% of out-of-school suspensions. White youth make up 63% of the enrollment in public schools nationally, but represent only 50% of students suspended or expelled.
- A Department of Education report found that approximately 25% of all Black male students had been suspended at least once over a four-year period.

Sources: "Federal Data Highlight Disparities in Discipline." Available from: www.edweek.org
The Black Community Crusade for Children. Available from: www.childrensdefense.org

**For more information see**

| | |
|---|---|
| Tables 40–47 | p. 129–132 |
| Table 64 | p. 140 |

www.dropoutprevention.org
www.childrensdefense.org

# Children in Poverty

DELAWARE COMPARED TO U.S. AVERAGE
**BETTER**

RECENT TREND IN DELAWARE GETTING
**WORSE**

*Children in poverty are those most at risk of not achieving their full potential. Young children who are born into poor families are more likely to experience poor health and to die during childhood. In school, they are more likely to score lower on standardized tests, to repeat a grade, and to drop out. As teenagers, they are less likely to avoid out-of-wedlock births and violent crime.[1] In addition, children living in poverty have lower expectations of job opportunities and success when they grow up. These views narrow their outlook on life and may perpetuate the cycle of poverty.[2] Children are not wealthy or poor by themselves, rather they live in families that vary in their access to economic and social resources. Because children are dependent on others, they enter or avoid poverty by virtue of their families' economic circumstances.[3]*

Rehoboth Beach

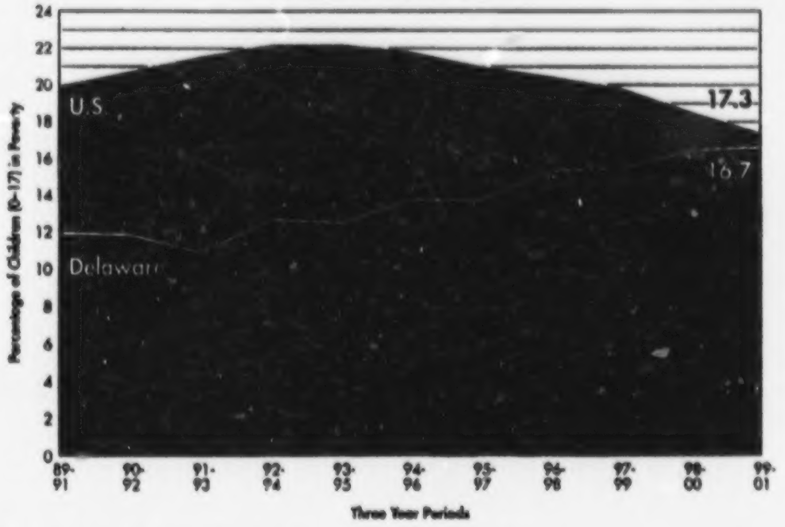
*Over time, many more people are poor than the official poverty line suggests. There is considerable movement into and out of poverty each year. Those living with incomes close to the poverty line are vulnerable to falling into poverty due to changes in employment, housing, and utility costs; life changes such as the birth of a child; changes in martial status; and illness or disability. In 2000, the official poverty level for a family of four was $17,463. Preventing child poverty will mean more children entering school ready to learn and more successful schools, better child health and less strain on hospitals and public health systems, less stress on the juvenile justice system, less child hunger and malnutrition, and other important advances.*

---

1 2001 Rhode Island Kids Count Factbook
2 2000 Maryland Kids Count Factbook
3 Kids Count in Virginia 2001
4 2001 Rhode Island Kids Count Factbook

**Children in Poverty**

**Delaware Compared to U.S.**



Source: Center for Applied Demography and Survey Research, University of Delaware

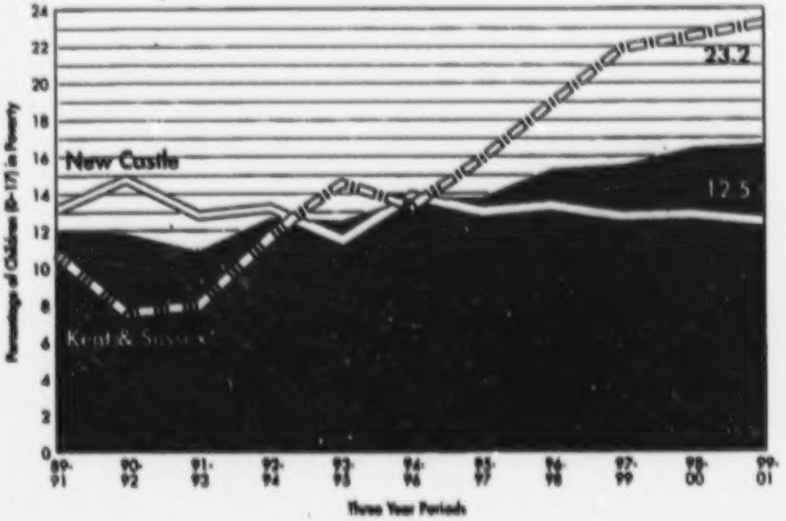
# Children in Poverty

**Definition:**

**Children in Poverty** – in 2000 the poverty threshold for a one-parent, two child family was $13,874. For a family of four with two children, the threshold was $17,463.

## Children in Poverty

Delaware and Counties



* Kent and Sussex County data are not available separately.

Source: Center for Applied Demography and Survey Research, University of Delaware

Rehoboth Beach

## *Did you know?*

- More poor children have parents who are working a substantial amount of time.
- Parental employment greatly reduces, but does not eliminate, poverty among children.
- Poor families not meeting the work standard are more likely to be headed by single parents or by parents who have not graduated from high school.
- Children in working poor families are less likely to have health insurance and receive public assistance.
- Homeownership and access to health care remain elusive goals for many working poor families.
- Risk factors associated with poverty can influence a child's brain development through multiple pathways including:
  - inadequate nutrition
  - substance abuse
  - maternal depression
  - exposure to environmental toxins
  - trauma/abuse
  - quality of daily care

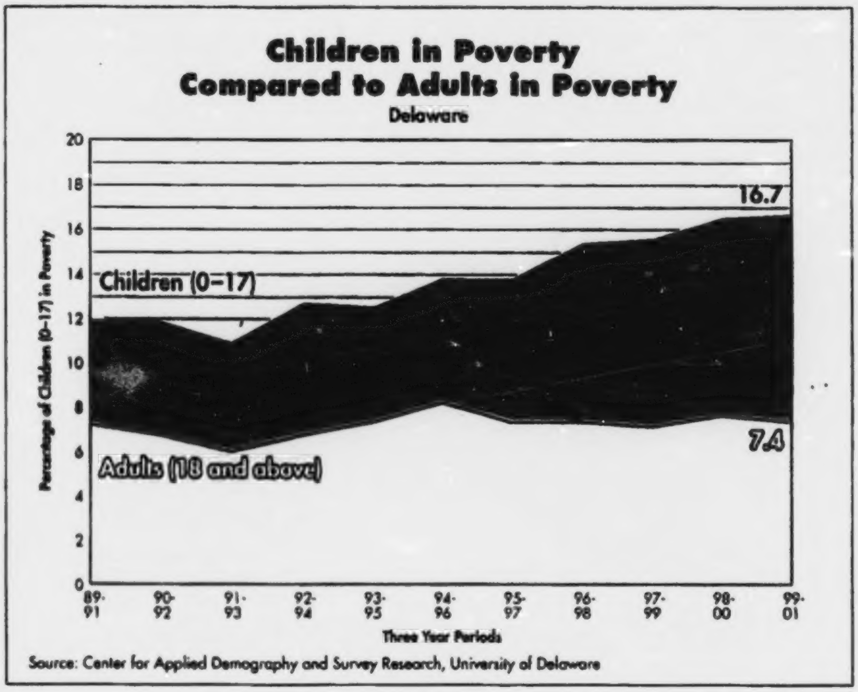
Sources: "Working Poor Families with Children: Leaving Welfare Doesn't Necessarily Mean Leaving Poverty" Child Trends Research Brief. May 2001.
Poverty and Brain Development in Early Childhood (April 1997). Available from: www.nccp.org

**put data into action**

Working families can receive cash through the Earned Income Tax Credit. Families can receive one lump sum or more in their paychecks each month plus a smaller lump sum at the end of the tax year.

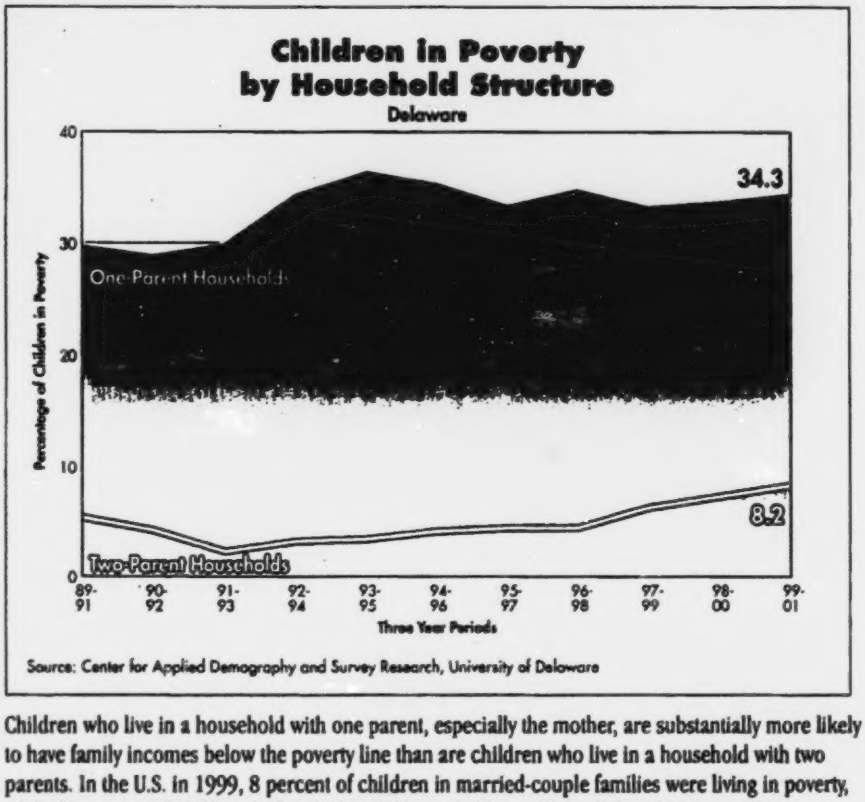
For help with tax forms or for more information, call 1-800-829-1040.

# Children in Poverty


**Children in Poverty Compared to Adults in Poverty**

Delaware

Source: Center for Applied Demography and Survey Research, University of Delaware

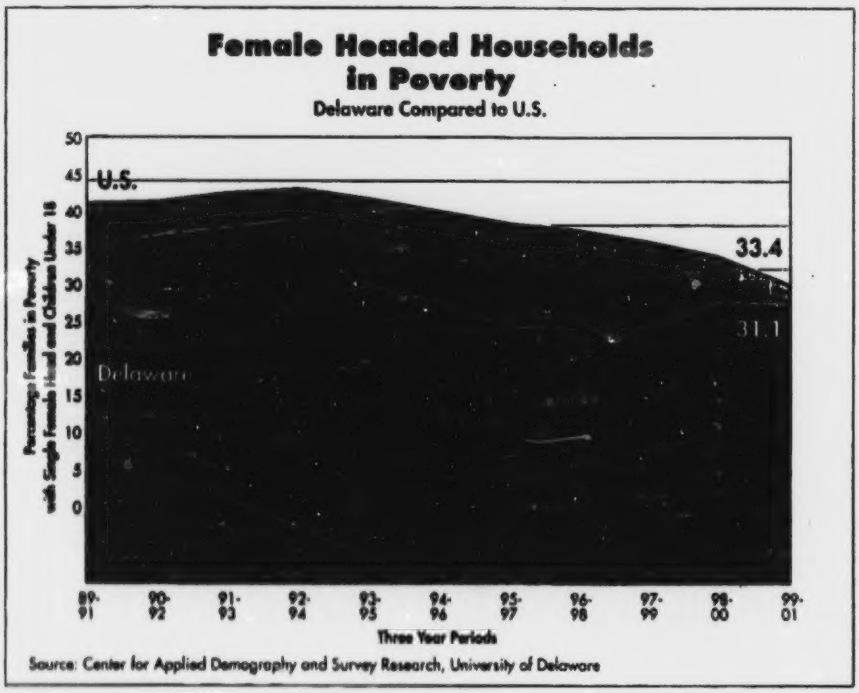

**Children in Poverty by Household Structure**

Delaware

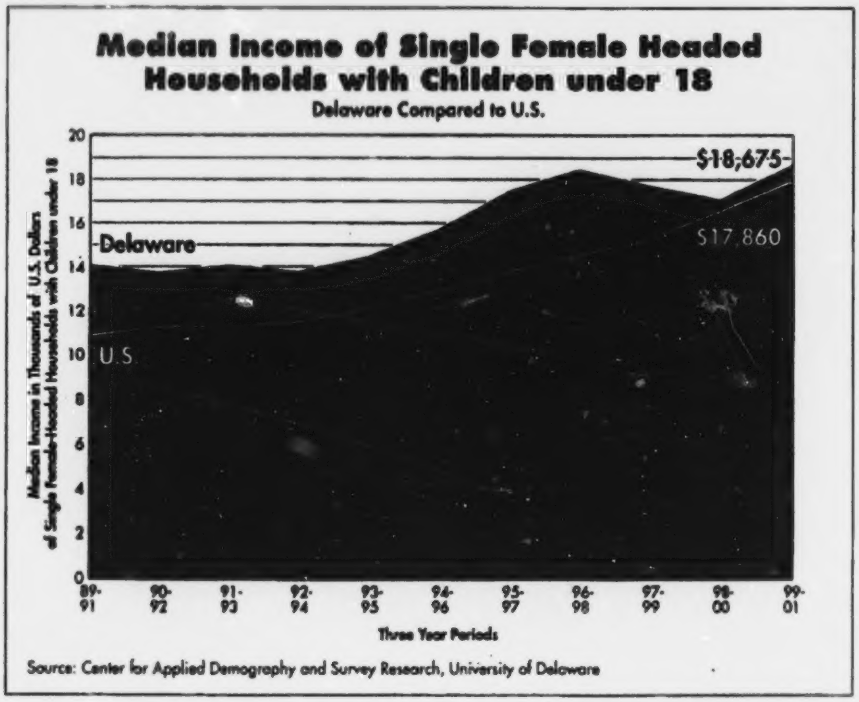
Source: Center for Applied Demography and Survey Research, University of Delaware

Children who live in a household with one parent, especially the mother, are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents. In the U.S. in 1999, 8 percent of children in married-couple families were living in poverty, while 42 percent of children in female-headed household were living below the poverty line.

Source: America's Children 2001 Report. Available at: www.childstats.gov



Source: Center for Applied Demography and Survey Research, University of Delaware



Source: Center for Applied Demography and Survey Research, University of Delaware

Camden

Living in poverty has both short-term and long-term negative effects on children. Compared with children living in families with incomes above the poverty line, those living in poverty are more likely to have difficulty in school, to become teen parents, and to earn less and be unemployed more frequently as adults.

Source: America's Children 2001 Report. Available at: www.childstats.gov

**For more information see**

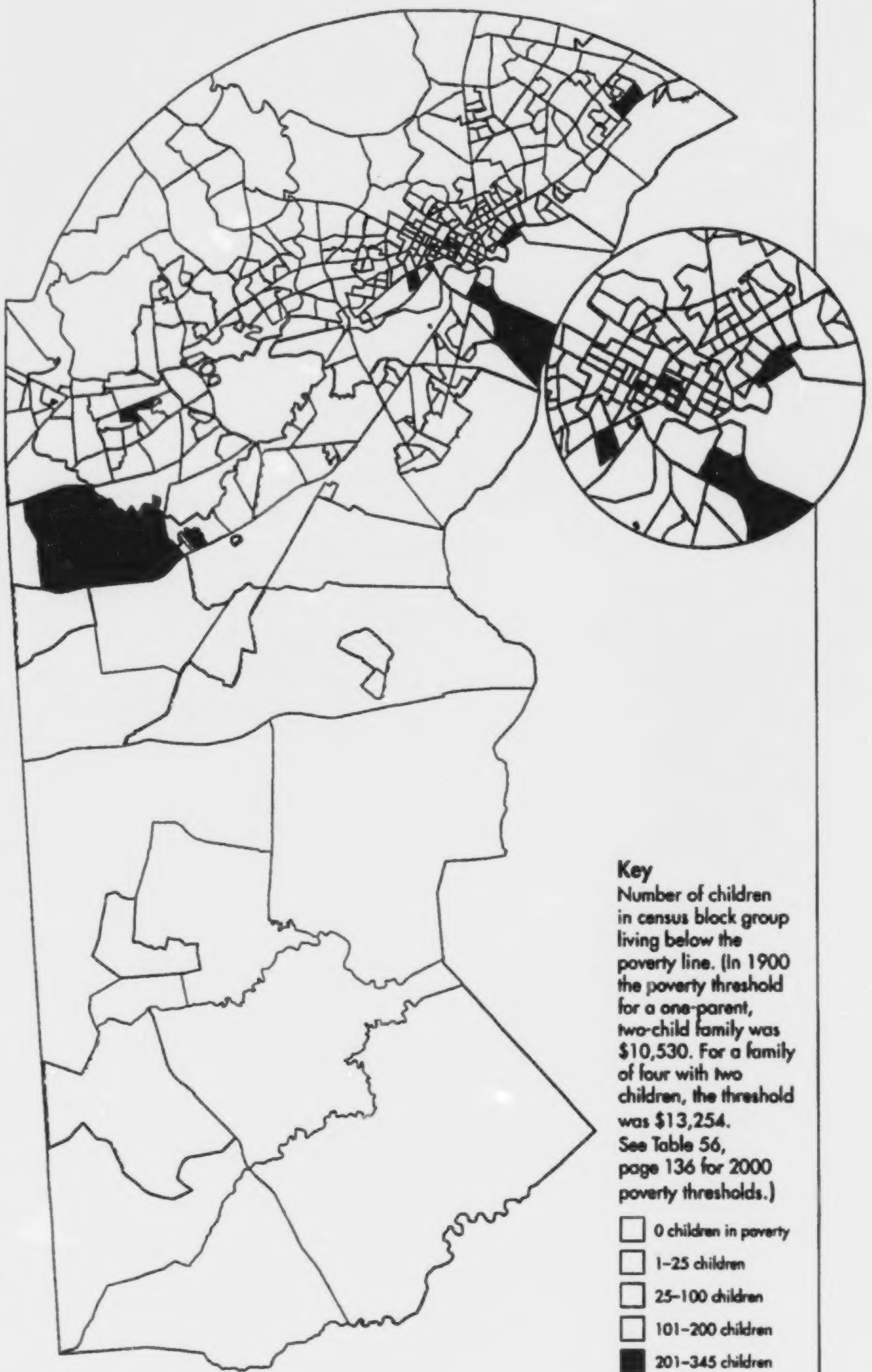
| | |
|---|---|
| Tables 48–57 | p. 133–136 |
| Tables 59–62 | p. 137–138 |
| Table 64 | p. 140 |

www.nccp.org
www.childstats.gov
www.nncc.org
www.childadvocacy.org

Wilmington

## Children in Poverty

### New Castle County, 1990



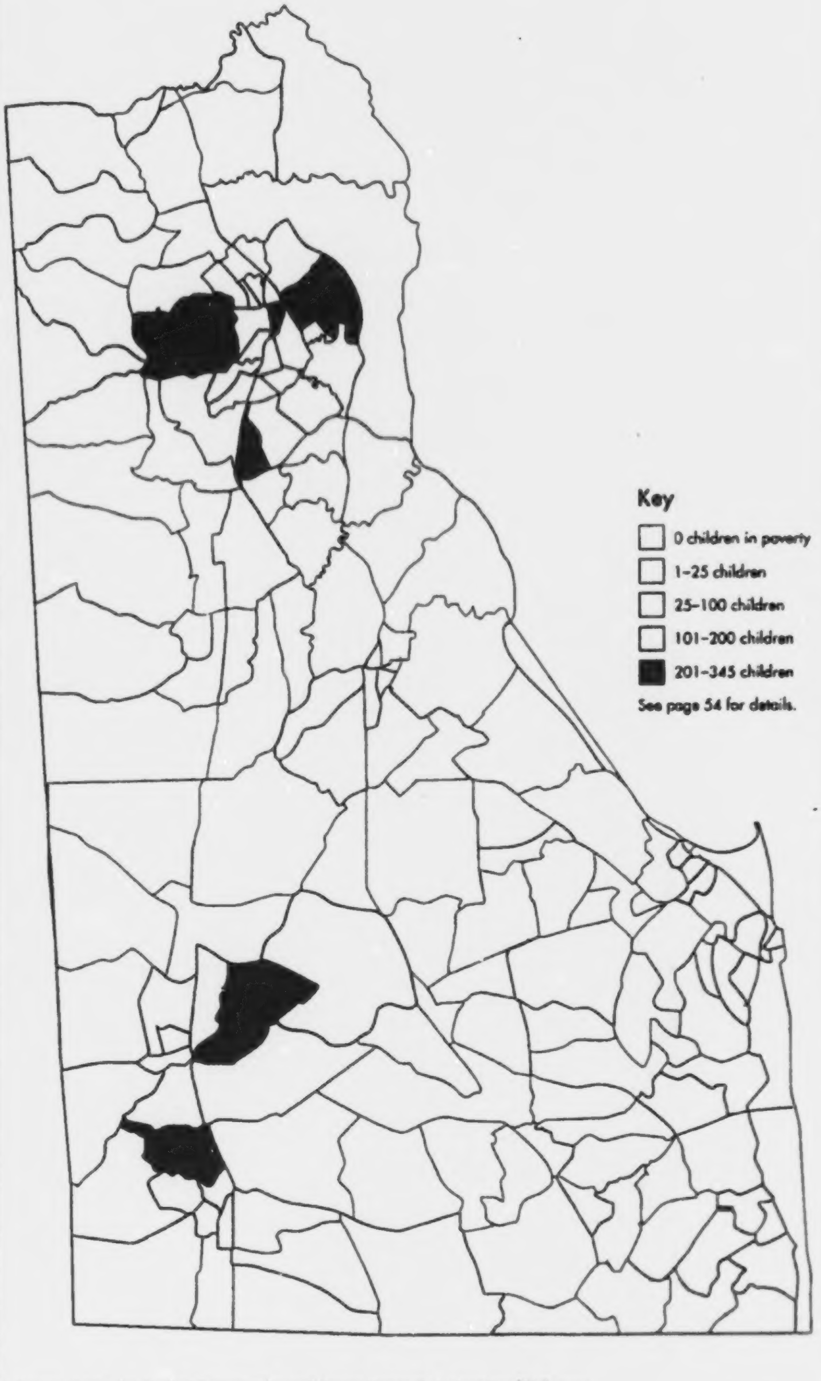
**Key**
Number of children in census block group living below the poverty line. (In 1900 the poverty threshold for a one-parent, two-child family was $10,530. For a family of four with two children, the threshold was $13,254. See Table 56, page 136 for 2000 poverty thresholds.)

☐ 0 children in poverty
☐ 1–25 children
☐ 25–100 children
☐ 101–200 children
■ 201–345 children

Source: Center for Applied Demography and Survey Research, University of Delaware

## Children in Poverty

### Kent and Sussex Counties, 1990


Key
☐ 0 children in poverty
☐ 1–25 children
☐ 25–100 children
☐ 101–200 children
■ 201–345 children
See page 54 for details.

Source: Center for Applied Demography and Survey Research, University of Delaware

Bridgeville

# Children in One-Parent Households

DELAWARE COMPARED TO U.S. AVERAGE
**WORSE**

RECENT TREND IN DELAWARE ABOUT THE
**SAME**

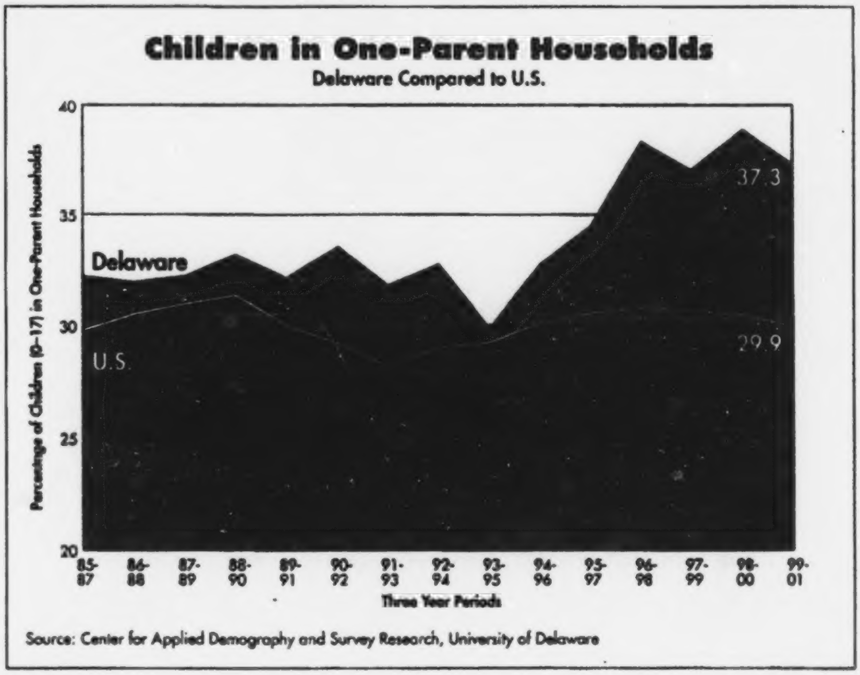
*Families and communities form the most important elements of the environment in which children grow and develop. The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents.*[1] *For children living in families headed by women, the risk of poverty is even greater because women typically earn less than men, the existing family income is spread over two households, and only one-third of child support orders are fulfilled.*

*Single-parent families may exist for many different reasons – divorce or separation, death of a parent, or birth or adoption by a single parent. Regardless of the reason, the children of these families share certain characteristics. Most children of single parents do well in the long run. However, there is evidence to suggest that children from single-parent families are somewhat more likely to use alcohol and drugs, obtain less education, and experience marital disruption themselves.*[2]

---

1 America's Children: Key National Indicators of Well-Being 2000

2 Hawaii Family Touchstones



**Children in One-Parent Households**

Delaware Compared to U.S.

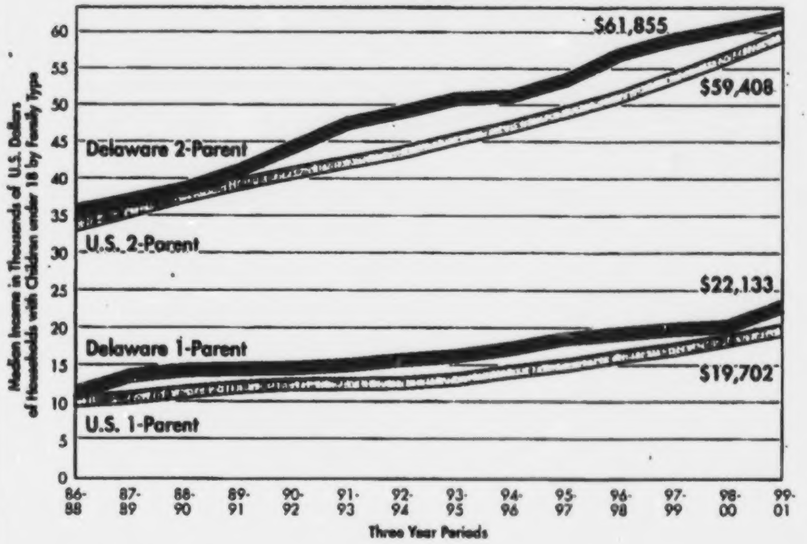
Source: Center for Applied Demography and Survey Research, University of Delaware

**put data into action** The PACT Family Support Network: A network for the education, empowerment, and support of families. Its mission is to strengthen families and children by bringing together groups of people with similar interests and needs, by providing them with key child and family development information and by helping them establish empowering peer support groups, networking opportunities, and listening partnerships. Programs are provided for families and for those who want to become effective support persons and leaders concerning living and parenting well. For more information, call 302-678-9288.

# Children in One-Parent Households

## Median Income of Families with Children by Family Type

Delaware and U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

**Definition:**

Children in One-Parent Households – percentage of all families with "own children" under age 18 living in the household, who are headed by a person – male or female – without a spouse present in the home. "Own children" are never-married children under 18 who are related to the householder by birth, marriage, or adoption.

Middletown

## Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1995–99

36.5% of all births in Delaware
34.2% of births to women in New Castle Co.
37.3% of births to women in Kent Co.
44.1% of births to women in Sussex Co.

89.3% of births to teenagers
58.2% of births to women 20–24 years old
23.3% of births to women 25–29 years old
13.9% of births to women 30+ years old

36.5% of births in Delaware
32.5% of births in the U.S.
25.4% of births to White women in Delaware
26.0% of births to White women in the U.S.
72.4% of births to Black women in Delaware
69.7% of births to Black women in the U.S.
51.1% of births to Hispanic women in the Delaware
41.2% of births to Hispanic women in the U.S.
Delaware Average 36.5%

Source: Delaware Health Statistics Center

## Living Arrangements for Delaware Children

Own Children in Married-Couple
or Single-Parent Families
by Race and Hispanic Origin, 2000 Census

White Married Couple Family – 80.1%
White Single-Parent Family – 19.9%

Black Married Couple Family – 42.5%
Black Single-Parent Family – 57.5%

Hispanic Married Couple Family – 65.5%
Hispanic Single-Parent Family – 34.5%

Asian Married Couple Family – 90.2%
Asian Single-Parent Family – 9.8%

Source Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File

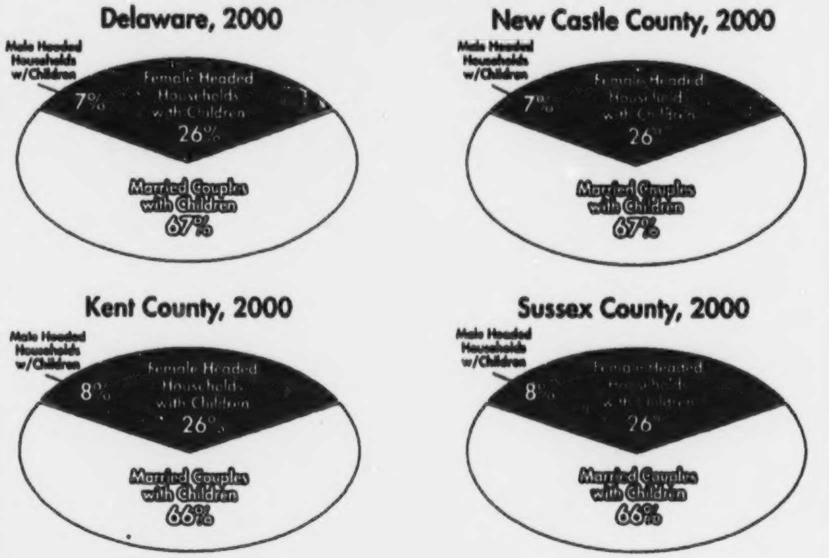
Research has shown that 60 percent of children in the U.S. will spend some time in a single parent family before age 18 and that children who are born to single mothers are more likely to become single parents themselves.

Source: "Families and the Workplace." Prevent Child Abuse America. Available at: www.preventchildabuse.org/research_ctr/fact_sheets/families_workplace.html

# Children in One-Parent Households

**Families with Children by Household Structure**

Delaware and Counties, 2000



Source: 2000 Census, U.S. Census Bureau

put data into action

## Earned Income Credit: Extra Money for People Who Work

The Earned Income Credit (EIC) is a special tax benefit for working people who earn low or moderate incomes. Workers who qualify for the EIC and file a federal tax return can get back some or all of the federal income tax that was taken out of their pay during the year. They may also get extra cash back from the IRS. Even workers whose earnings are too small to have paid taxes can get the EIC.

**How To Get the EIC**

- Workers raising children must file either Form 1040 or 1040A and fill out and attach Schedule EIC. A correct name and Social Security number must be provided for every person listed on the tax return and Schedule EIC.
- For free help contact VITA (Volunteer Income Tax Assistance) through the IRS at 1-800-TAX-1040.

Source: The Earned Income Credit Campaign.
Available from: www.cbpp.org/eic2001

## *Did you know?*

- Of the 1.8 million children who live with relatives instead of their parents, an arrangement known as "kinship care," nearly a quarter face multiple socio-economic risks.
- 31% of kinship care children live in poor families; 55% live in families where the caregiver does not a have a spouse; 36% live with caregivers without a high school degree; and 19% live in households with four or more children present.
- Of the 568,000 children in the formal foster care system, 200,000 are in relative or kin placements. If even half of the children being cared for by kin were to enter the child welfare system it would cost taxpayers an additional $4.5 billion a year.
- Many children in kinship care live in poverty and are not receiving the services they need to overcome this hardship.
- Voluntary providers may receive a lower level of service from child welfare because the child is not in state custody.

Source: Kinship Care: When Parents Can't Parent.
Available from: www.urban.org

**For more information see**

| | |
|---|---|
| Table 9 | p. 110 |
| Table 21 | p. 120 |
| Tables 50–51 | p. 133–134 |
| Table 58–63 | p. 137–139 |

www.urban.org
www.promisingpractices.net
www.nationalpartnership.org

# KIDS COUNT IN DELAWARE

## *Other Issues Affecting Delaware Children*

# *Prenatal Care*

DELAWARE COMPARED TO U.S. AVERAGE
**BETTER**

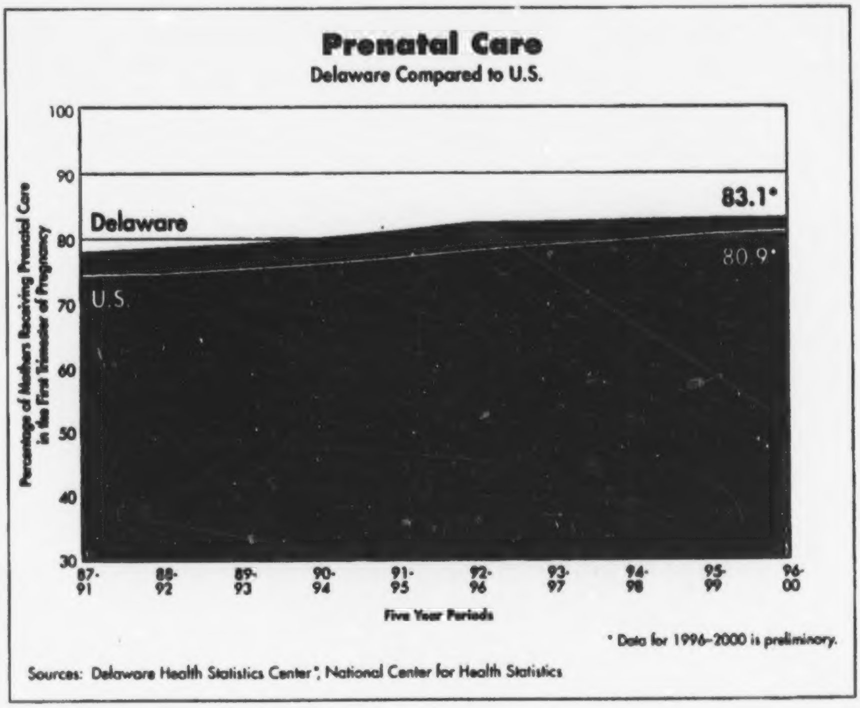
RECENT TREND IN DELAWARE ABOUT THE
**SAME**

*According to the Centers for Disease Control and Prevention, almost four million American women give birth every year. Nearly one third of them will have some kind of pregnancy-related complication. Those who do not get adequate prenatal care run the risk that such complications will go undetected or will not be dealt with soon enough. Unfortunately, twenty-five percent of women in the U.S. do not receive prenatal care within the first trimester of pregnancy.*[1]

*Early prenatal care is defined as seeing a health care provider during the first trimester of pregnancy. The sooner a woman begins prenatal care, the better her chance of ensuring her health and that of her baby. Prenatal care can help prevent low-birth weight, infant death, premature delivery or other pregnancy complications. Adequate prenatal care can result in earlier education for proper nutrition, exercise, and avoidance of alcohol and drugs by pregnant women. Women who seek and receive adequate prenatal care are also more likely to obtain well-child care and complete immunizations for their children after they are born.*[2]

*Prenatal tests can identify and result in treatment for health problems that can endanger both mother and child. They are performed to identify treatable health problems in the mother that can affect her baby's health; characteristics of the fetus, including size, sex, age, and placement in the uterus; screening for the possibility that a baby has certain congenital, genetic, or chromosomal problems; and diagnosis of certain types of fetal abnormalities, including heart problems.*[3]

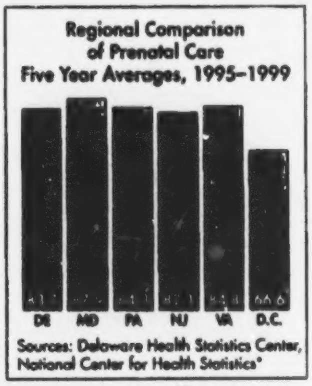
Wilmington



**Prenatal Care**
Delaware Compared to U.S.

* Data for 1996–2000 is preliminary.

Sources: Delaware Health Statistics Center*, National Center for Health Statistics



**Regional Comparison of Prenatal Care Five Year Averages, 1995–1999**

Sources: Delaware Health Statistics Center, National Center for Health Statistics*

* Percentages vary due to different estimating procedures being used by different sources.

---

[1] "Oh Baby! Women Receive More Prenatal Care Today Than a Decade Ago." Available at: www.ama-assn.org

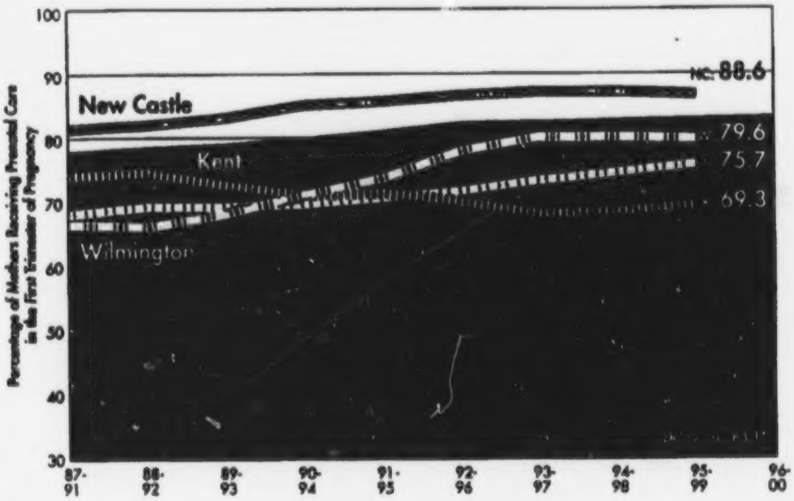
[2] 2001 KIDS Count in Virginia

[3] www.kidshealth.org

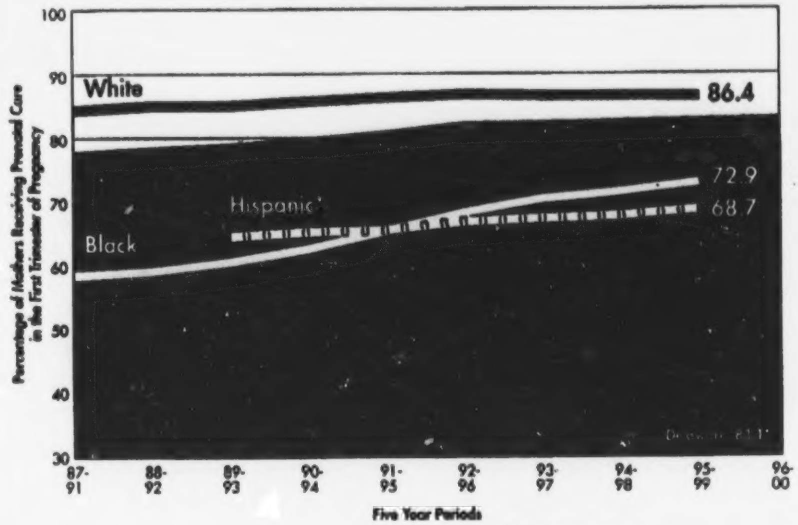
# Prenatal Care

## Prenatal Care

Delaware, Counties and Wilmington



Delaware by Race and Hispanic Origin



* Data for 1996–2000 is preliminary.
County and Wilmington data are not available for 1996–2000.
Hispanic data was not available before the 1989–1993 period.

Source: Delaware Health Statistics Center

Wilmington

**put data into action**

Before and during the first month of pregnancy, women need at least .4 mgs (400 mcg) of folic acid in their diets every day to help prevent brain and spinal cord birth defects. This can be done easily by eating the following: lots of fruits and green, leafy vegetables; fortified breakfast cereals; beans and peas; orange juice; and/or a daily multivitamin with folic acid. For a free pamphlet on preventing brain and spinal cord birth defects, call the Division of Public Health at (302) 739-4787 or the Delaware Helpline at 1-800-464-4357.

Source: Delaware Health and Social Services Division of Public Health

**For more information see**

Tables 15–18 p. 115–118
www.kidshealth.org
www.modimes.org

# Children without Health Insurance

**DELAWARE COMPARED TO U.S. AVERAGE**
**BETTER**

**RECENT TREND IN DELAWARE GETTING**
**BETTER**

*Health care is vital to every child's healthy physical, emotional, and cognitive growth and development. Lack of insurance coverage makes it difficult to obtain primary and specialty care — including preventive health care, comprehensive treatment for acute and chronic illness, mental health services, dental care, and prescriptions.[1] Children who are covered by health insurance are considerably more likely to have a regular source of health care. Regular care increases the continuity of care, which is important to the maintenance of good health. Regular well-child visits to a pediatrician or other qualified health practitioner for immunizations, physical examinations, and screenings for common childhood maladies such as vision and hearing impairments, iron deficiencies, obesity, and lead exposure are essential to a child's health. So, too, are regular dental examinations; poor oral health is an epidemic among U.S. children that has been linked to numerous long-term deficits in health, learning, and social behaviors.[2]*

Wilmington

*There are nearly 11 million uninsured children in this country; more than six million of them are eligible for either the Children's Health Insurance Program (CHIP) or Medicaid. Both CHIP and Medicaid are health insurance programs that provide access to health services for children. Both are operated at the state level and have specific income guidelines and insurance benefits. CHIP is a $48 million federal investment in children's health coverage that reaches out to millions of uninsured children whose family incomes are too high to qualify for Medicaid but too low to afford private insurance. It provides children with health insurance coverage that includes: regular medical check-ups, immunizations, doctors' visits, prescription drug coverage, emergency care, and more. But children will not receive health care coverage through CHIP automatically. Their parents must apply for it. The problem is that many parents do not know the programs exist or that their children might be eligible.[3]*

---

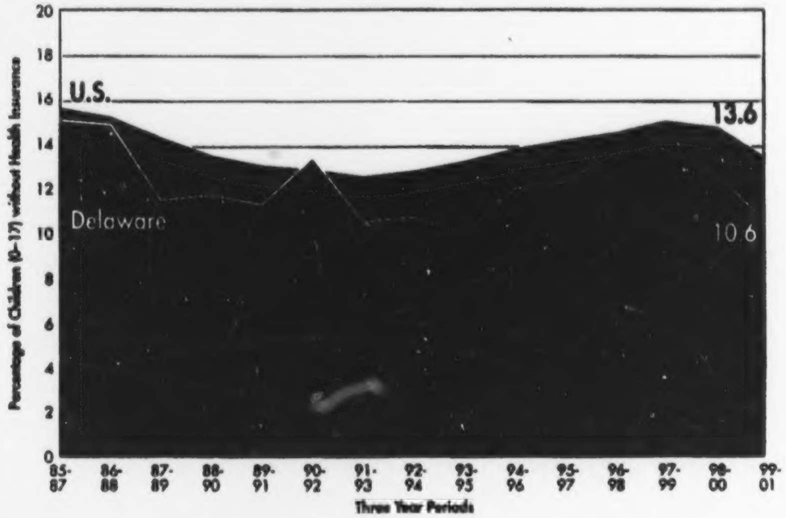
[1] 2001 Rhode Island Kids Count Factbook

[2] New Mexico Advocates for Children and Families: Policy Brief #5

[3] SHOUT. Available from: www.childrensdefense.org

**Children without Health Insurance**

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

# Children without Health Insurance

**Delaware Healthy Children Program**

Applications and Enrollment through November 30, 2001

| | |
|---|---|
| Applications mailed to families | 11,602 |
| **Total enrolled ever** | **11,294** |
| Total currently enrolled | 3,269 |

There remains a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their families' incomes fluctuate. Thirty-seven percent of the disenrollments are children who are no longer eligible for DHCP or Medicaid. Reasons include increases in income, moving out-of-state, children covered by private insurance (for DHCP only), or the insured child reaches the age of 19.

Delaware Health and Social Services (DHSS) implemented a pilot in 2000 which eliminated the DHCP premium payment for the first six months on all newly eligible children from July to December 2000. The pilot significantly reduced the number of children disenrolling from the program each month. Once the premium was reinstated, the DHCP disenrollments returned to a similar rate experienced prior to the pilot.

**put data into action**

Know the barriers to enrollment in CHIP and Medicaid:

- Not aware CHIP or Medicaid exist
- Families with eligible children do not think they are eligible
- Missing documents and incomplete applications
- Lack of outreach to children in immigrant families
- Language obstacles

Source: Advocate Resources.
Available from: www.childrensdefense.org

For more about the Delaware Healthy Children Program, visit the Division of Social Services at: www.state.de.us/dhss/dss/healthychildren.html or call 1-800-996-9969.

### *Did You Know?*

- Nearly 11 million children in the U.S., or 1 out of 6, are uninsured.
- Nine out of 10 uninsured children have at least one parent who works.
- More than half of all uninsured children live in two-parent families.
- One in four uninsured children uses the hospital emergency room for health care or has no regular source of health care.
- Minority children are disproportionately represented among uninsured children:
  - One in three is Hispanic.
  - One in five is African-American.
  - One in nine is White.
- Compared with insured children, uninsured children are:
  - Up to ten times less likely to have a regular health care provider
  - Four times more likely to delay seeking care when it is needed
  - Five times more likely to use the emergency room as a regular source of care
  - Six times less likely to fill a prescription because of cost

Source: SHOUT Toolkit. Available from: www.childrensdefense.org

Wilmington

There were 218,250 children ages 0–19 living in Delaware in 2000.

**For more information see**

Tables 54–55 p. 135–136

www.childrensdefense.org

www.state.de.us/dhss/dss/healthychildren.html

# Women and Children Receiving WIC

*The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a short-term, low-cost preventative health program for young families who are at nutritional risk due to low income and nutrition-related health conditions. Pregnant or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a state residency requirement, and be individually determined to be at "nutritional risk" by a health professional.[1] Persons who participate in the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families Program (TANF) automatically meet the income eligibility.*

*All WIC participants receive vouchers for foods such as eggs, cereal, milk, cheese, infant formula, juice, carrots, and high protein foods (beans, peanut butter, tuna fish) that can be redeemed at retail stores.[2] WIC enables parents to properly feed their children during critical periods of growth and development. The combination of nutrition, nutritious foods, and health care oversight strengthens families long after their WIC eligibility has ended. Studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births, have fewer low and very low birth weight babies, experience fewer fetal and infant deaths, seek prenatal care earlier in pregnancy, and consume more of such key nutrients as iron, protein, calcium, and Vitamin C.[3]*

[1] Frequently Asked Questions. Available from: www.fns.usda.gov/wic
[2] 2001 Rhode Island Kids Count Factbook
[3] Benefits of WIC Participation for Children. Available from: www.rwica.org

### WIC Program
**Total Number Served**
**Delaware, 2000**

In federal fiscal year 2000, **21,022** infants and children were served by WIC in Delaware.

Over **52%** of all infants born in 2000 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

### WIC Program
**Average Number Served per Month**
**Delaware, 1996, 1999 and 2000***

| | 1996 | 1999 | 2000 |
|---|---|---|---|
| Infants | 4,414 | 4,529 | 4,693 |
| Children 1-4 | 8,353 | 7,409 | 7,690 |
| Mothers | 3,230 | 3,336 | 3,461 |

*Federal Fiscal Years
Source: Division of Public Health, WIC Office

## *Did you know?*

- It costs approximately $585 per year for a pregnant woman in WIC.
- Every dollar spent on pregnant women in WIC produces $1.92 to $4.21 in Medicaid savings for newborns and their mothers.
- WIC prenatal care benefits reduce the rate of very low birth weight babies by 44%.
- Medicaid costs were reduced on average between $12,000 and $15,000 per infant for every low birth weight prevented.
- WIC serves over 7.4 million participants through 9,000 clinics nationwide each month.
- Approximately 20% of all pregnant women in the United States are in WIC.
- The WIC program is not an entitlement program. Federal funding is determined by Congress.

Source: WIC Saves Healthcare Dollars. Available from: www.rwica.org

**put data into action**

To be eligible for the WIC Program, applicants must meet all of the following eligibility requirements:

- Residence
- Income
- Nutrition risk

Contact the WIC state or local agency serving your area to schedule an appointment. Applicants will be advised about what to bring to the WIC appointment to help determine eligibility. In Delaware, call 1-800-222-2189.

Source: Who Gets WIC and How to Apply.
Available from: www.fns.usda.gov/wic

**For more information see**
Table 52-53 p. 134-135
www.fns.usda.gov/wic

# Child Immunizations

DELAWARE COMPARED TO U.S. AVERAGE **SIMILAR**

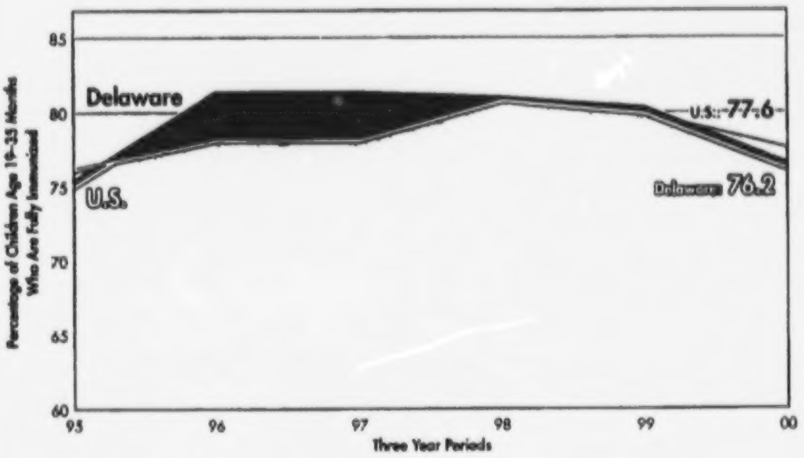
[illegible] DELAWARE GETTING **WORSE**

*Despite near record low levels of vaccine-preventable childhood diseases in the U.S., it is still important that children receive recommended immunizations. Many viruses and bacteria are circulating in this country, and travel to and from countries where many vaccine-preventable diseases are common increases this risk. Without vaccines, epidemics of many once common and preventable diseases could return and result in unnecessary illness, disability, and death among children.*[1] *Since the start of widespread immunizations in the country, the number of cases of some formerly common childhood illnesses have dropped by 90% or more.*[2] *Parents should not wait until children are school age to have them vaccinated because children under age five are especially susceptible to disease since their immune systems have not built up the necessary defenses to fight infection.*

*A vaccination health record is necessary to keep children's vaccinations on schedule. If parents move or change providers, having an accurate record can prevent a child from repeating vaccinations he or she has already had. A shot record should be started when children receive their first vaccinations and updated with each vaccination visit.*

[1] Center for Disease Control and Prevention. Available at www.cdc.gov/nip

[2] KidsHealth. Available at www.kidshealth.org/parent/general/body/fact_myth_immunizations.html



Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

**put data into action**

A federal program called Vaccines for Children provides free vaccines to eligible children, including those without health insurance coverage, all those enrolled in Medicaid, American Indians, and Alaskan natives. The National Immunization Information Hotline number is 1-800-232-2522 (English) and 1-800-232-0233 (Spanish).

**put data into action**

## Follow the Guidelines for Immunization

| | |
|---|---|
| Birth | Hep B |
| 1-4 months | Hep B |
| 2 months & 4 months | DTP, HiB, IPV, PCV |
| 6 months | DTP, HiB, PCV |
| 6-18 months | Hep B, IPV |
| 12-15 months | HiB, MMR |
| 12-18 months | Var |
| 15-18 months | DTP |
| 4-6 years | DTP, MMR, IPV |
| 11-12 years | Td |

Source: Immunization schedule. KidsHealth. Available from: www.kidshealth.org/parent/ general/body/vaccine_p10.html

**For more information see**

| | |
|---|---|
| Table 70 | p. 142 |
| www.kidshealth.org | |

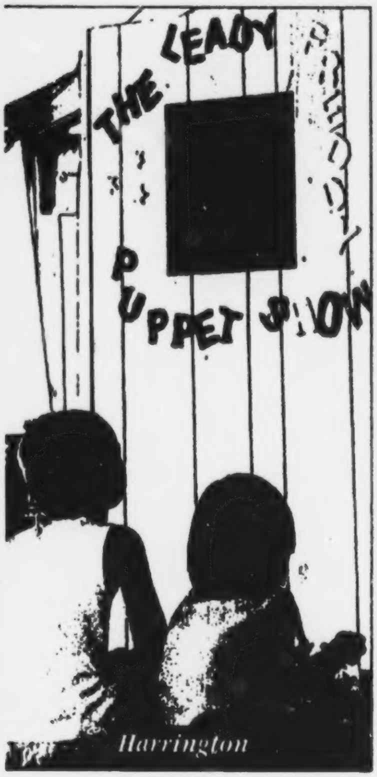
# *Lead Poisoning*

DELAWARE COMPARED TO U.S. AVERAGE
**BETTER**

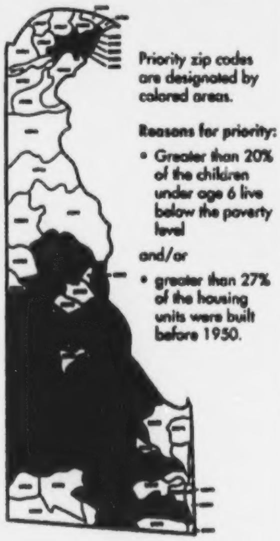
*Nearly one million children in the United States have lead levels in their blood that are high enough to cause irreversible damage to their health.[1] Because children between 12 and 36 months have a lot of hand to mouth activity, they have a higher risk than older children of lead poisoning.*

*Lead is also more dangerous to children than adults because their bodies absorb more lead and their developing brains and nervous systems are more sensitive to the damaging effects of lead. Lead poisoning affects a child's central nervous system, reproductive system, and kidneys. Low levels are harmful and are associated with impaired hearing acuity, decreased intelligence, decreased stature and growth, and impaired neurobehavioral development, and at higher levels can cause seizures, coma, and death. Lead poisoning often shows no distinctive symptoms but can be detected by a simple blood test.*

*The major sources of lead exposure include deteriorated paint in older housing, and dust and soil that are contaminated with lead from old paint and from past emissions of leaded gasoline.[1] Eighty-three percent of private housing and eighty-six percent of public housing built before 1980 contains some lead-based paint.[2]*



**Priority Zip Codes for Testing Young Children for Lead**



Priority zip codes are designated by colored areas.

**Reasons for priority:**

- Greater than 20% of the children under age 6 live below the poverty level

and/or

- greater than 27% of the housing units were built before 1950.

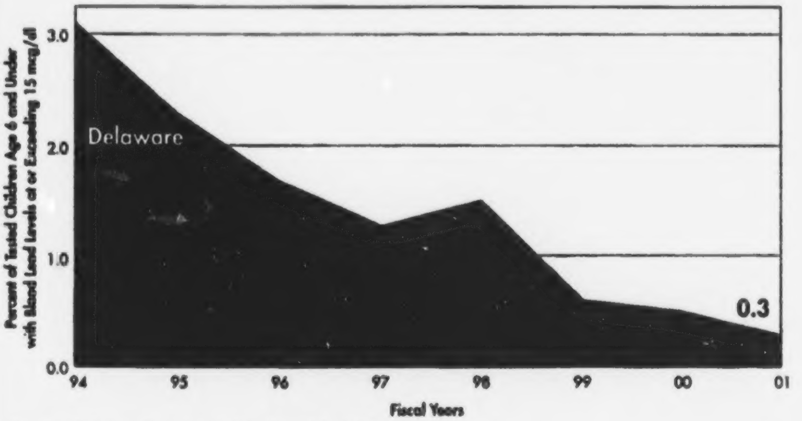
Source: Delaware Health and Social Services, Division of Public Health

---

[1] Centers for Disease Control and Prevention. Available at http://www.cdc.gov/nceh/lead/lead.htm

[2] "Lead in Your Home: A Parent's Reference Guide." United States Environmental Protection Agency. Prevention, Pesticides, and Toxic Substances (7404). EPA 747-B-98-002, June 1998.

**Lead Poisoning**
Delaware



Source: Delaware Department of Health and Social Services

**For more information see**
Table 71 p. 143
www.aecf.org

put data into action

The Delaware Department of Health and Social Services reports that lead poisoning is a major environmental health threat to young children. Because of this, children in Delaware are required to be tested for lead poisoning by their first birthdays.

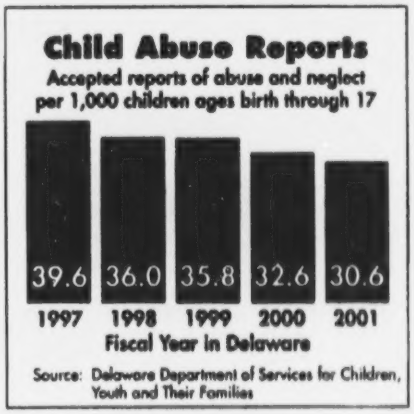
# Child Abuse and Neglect

RECENT TREND IN DELAWARE
GETTING
**BETTER**

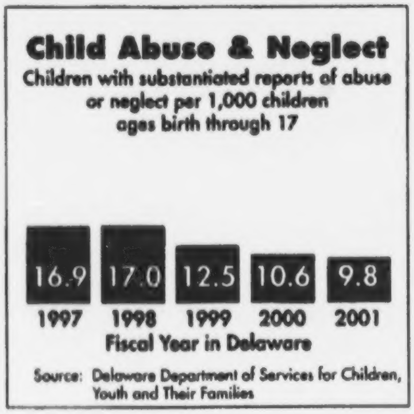
*Child abuse includes physical, sexual, and emotional abuse, and neglect. Physical abuse is characterized by the infliction of physical injury, either with or without the intent to harm. Sexual abuse is another form of child abuse, and it is believed to be the most under-reported form because of the secrecy that so often characterizes these cases. Emotional abuse includes psychological or verbal abuse or mental injury. Child neglect is characterized by failure to provide for the child's basic needs, including those that are physical, educational, or emotional. Cultural values and standards of care must be considered when assessing child neglect. The failure to provide the necessities of life for children may be due to parental poverty, and not due to a lack of concern for the child's best interests. While any of these forms of abuse may be found separately, they often occur in combination, and emotional abuse is almost always present along with other forms of abuse.*[1]

---

[1] National Clearinghouse on Child Abuse and Neglect Information. Available at: www.calib.com/nccanch/pubs/factsheets/childmal.cfm

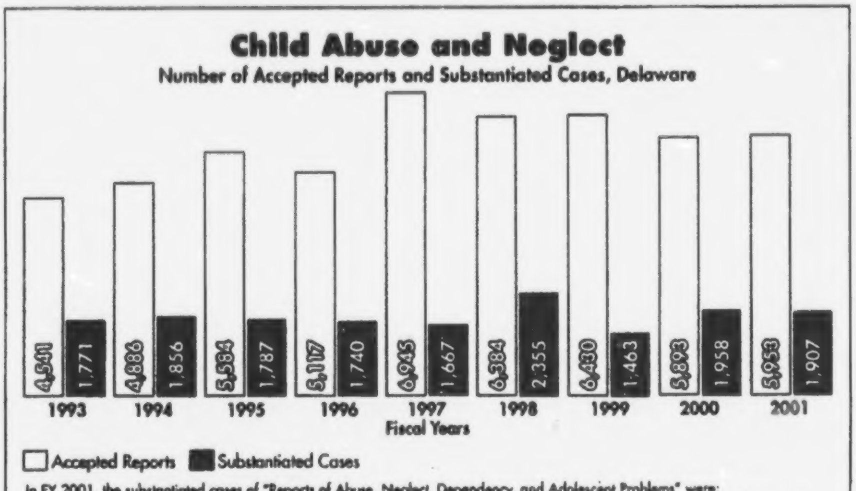


Source: Delaware Department of Services for Children, Youth and Their Families



Source: Delaware Department of Services for Children, Youth and Their Families

Harrington



In FY 2001, the substantiated cases of "Reports of Abuse, Neglect, Dependency, and Adolescent Problems" were: Abuse (except sexual): 28%, Neglect: 41.6%, Sex Abuse: 11.6%, Dependency: 8.4%, Adolescent Problems: 10.3%, Other: <1%.

Source: Department of Services for Children, Youth, and their Families, Division of Management Services

## *Did You Know?*

Between 30% and 60% of men who batter their female partners also abuse their children. A study of low-income black urban preteens and teens found that those who witnessed or were victims of violence showed symptoms of posttraumatic stress disorder similar to those of soldiers coming back from war.

Source: The Future of Children- Fast Facts. Available at: www.futureofchildren.org/info-url2832/info-url_list.htm

**For more information see**

| | |
|---|---|
| Table 22 | p. 121 |
| Table 24 | p. 122 |
| Table 73 | p. 144 |

www.preventchildabuse.org

# Childhood Asthma

**Definition:**

**Readmissions** – Number of asthma inpatient hospital admissions for children 0–17 who had previously been discharged with a diagnosis of asthma in the same year

**Discharge Rate** – Number of inpatient asthma discharges for children 0-17 per 1,000 children in the same age group

**Readmission Rate** – Number of inpatient asthma readmissions for children 0-17 per 100 children previously admitted in the same year

*Asthma is one of the most common chronic childhood conditions affecting more than 4.4 million children. Asthma is a breathing disorder that causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough. It can be triggered by exposure to cigarette smoke, mold and dust in the home, stress, strenuous exercise, allergies, roach infestation, animal dander, indoor and outdoor pollutants, and weather conditions. Asthma causes limitations in childhood activities, missed school days, missed workdays for caretakers, and, in some cases, premature death. Children with asthma use a disproportionate amount of health care services, including over two times as many emergency room visits and three and a half times as many hospitalizations as children without asthma.*[1] *Racial and economic disparities are apparent in both the number of hospital and emergency room visits attributable to asthma, as well as deaths from asthma. Emergency room and hospitalization rates for asthma are higher for Black children than for White children, particularly those under age 5. Among non-Hispanic Black and White children aged 5 to 14, Black children are five times more likely to die from asthma than White children.*[2]

*Asthma has reached epidemic proportions in preschool children (160% increase) and has increased 75% in school-aged children. The number of child deaths related to asthma has nearly tripled over the last 15 years.*[3] *Medical evidence shows that with consistent treatment at home and in school, asthma attacks can be prevented and hospitalizations can be avoided. Managing asthma requires a long-term, multifaceted approach, including patient education, behavior modification, avoidance of asthma triggers, medication to minimize and prevent symptoms, prompt treatment, and frequent medical follow-up.*

---

[1] America's Children: Key National Indicators of Well-Being: 2001

[2] "Asthma is a Growing Problem, Particularly Among Low-Income and Minority Children." Available from: www.childrensdefense.org

[3] Childhood Asthma. Available from: www.aafa.org

## Did you know?

| **U.S.** | **Estimated Prevalence (%) (millions)** | **Persons with asthma (millions of $)** | **Direct Medical Expenditures (millions of $)** | **Indirect Costs (millions of $)** | **Total Costs** |
|---|---|---|---|---|---|
| U.S. All | 5.44 | 14.16 | 6,107.6 | 4,640.6 | 10,748.3 |
| 17 or Under | 7.34 | 4.98 | 1,958.2 | 1,215.5 | 3,173.7 |
| 18 or Over | 4.77 | 9.18 | 4,149.4 | 3,574.1 | 7,574.5 |
| **Delaware** | **Estimated Prevalence (%) (thousands)** | **Persons with asthma (thousands of $)** | **Direct Medical Expenditures (thousands of $)** | **Indirect Costs (thousands of $)** | **Total Costs** |
| Delaware | 5.45 | 38.7 | 16,660 | 12,707 | 29,367 |

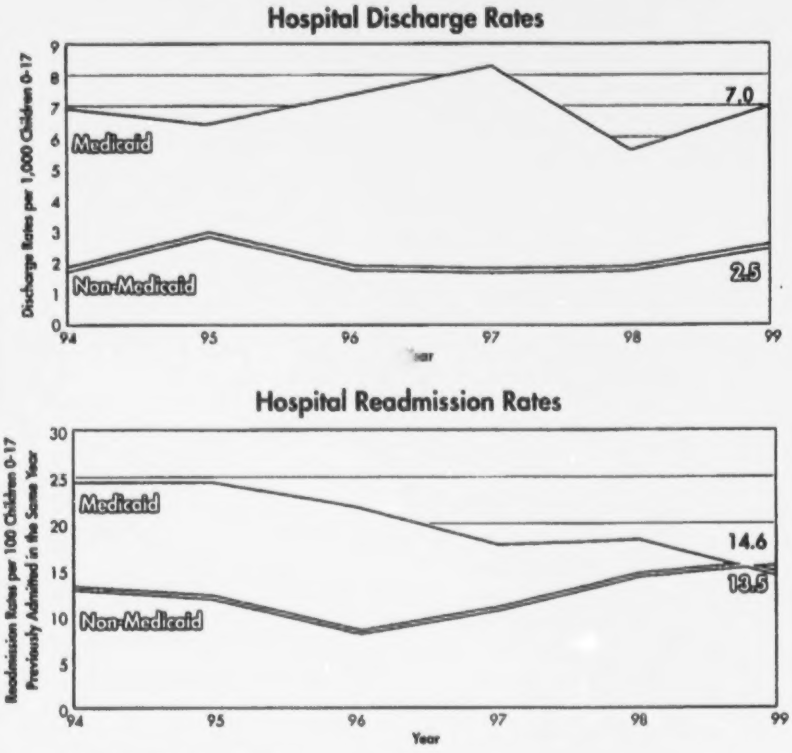
Source: "Costs of Asthma." Available from: www.aafa.org

**put data into action**

The American Lung Association believes that "Open Airways for Schools" can be a vital step in helping to mobilize community response to the needs of children with asthma — in particular, disadvantaged, minority children whose asthma often goes undetected or under-treated. The program teaches children, aged 8 to 11, how to detect the warning signs of asthma, including the environmental factors that can trigger an attack. Children who participate in "Open Airways for Schools" have fewer and less severe asthma attacks, improve their academic performance, have more confidence in their ability to take more steps to manage their asthma, and exert greater influence on their parents' asthma management decisions. For more information, look on the American Lung Association website at www.lungusa.org

## Hospitalizations for Childhood Asthma

**Inpatient Asthma Discharges and Readmissions for Children 0-17 Years of Age by Health Insurance Status, Delaware Hospitals**



Source: Delaware Health Statistics Center

## *Did you know?*

Children are especially vulnerable to respiratory hazards. Compared to adults, children's airways are smaller, they breathe more rapidly and inhale more pollutants per pound of body weight, and they often spend more time engaged in vigorous outdoor activities.

Health effects are associated with both indoor and outdoor air pollutants:

**Indoor Pollution:** Changes in home building and furnishing, such as energy saving measures, better insulation, decreased ventilation rates in houses, increased use of synthetic building materials and unvented combustion appliances, and increased indoor humidity can mean increased concentration of indoor environmental pollutants and exposure to them for children.

**Outdoor Pollution:** Ozone is the most pervasive air pollutant in the United States. Exposure to ozone has been associated with increased asthma rates in children as well as reduction in lung function, exercise-related wheezing, coughing, and chest tightness. Approximately 25% of U.S. children live in areas that exceed the federal standards for ozone. Studies have shown that as particular levels increase, bronchitis and chronic cough increase in school children, acute respiratory symptoms and illness increase among adults, and emergency room visits and hospital admissions increase.

Source: Asthma and Respiratory Diseases. Available from: www.cehn.org

**For more information see**

| | |
|---|---|
| Table 54-55 | p. 135-136 |
| Table 69 | p. 142 |
| www.kidshealth.org | |

# *Early Intervention*

RECENT TREND IN DELAWARE
GETTING
**BETTER**

*Early intervention includes preventive or remedial services for children of school age or younger who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. These developmental delays or disabilities can include: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, emotional disturbance, learning disabilities, speech or language impairment, traumatic brain injury, and visual impairment.*[1]

*According to the National Information Center for Children and Youth with Disabilities, the Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97) mandates that "...all children with disabilities have available to them a free appropriate public education [FAPE] that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living."*[2] *This act and other federal laws have resulted in special education and related services for millions of children with disabilities.*

Rehoboth Beach

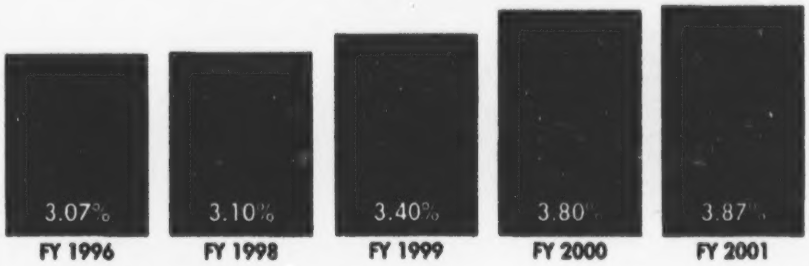
---

[1] National Information Center for Children and Youth with Disabilities. Available at www.nichcy.org

[2] Ibid. Available at www.nichcy.org/pubs/newsdig/nd16txt.htm#intro

## Early Intervention

Percent of Children Aged 0–3 in the Early Intervention System, Delaware

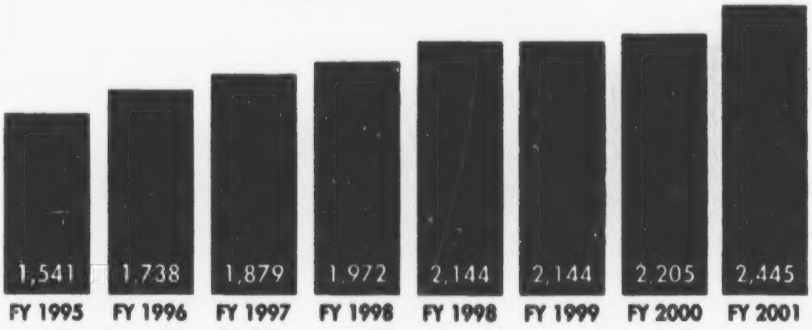


Source: Delaware Department of Health and Social Services

**Note concerning comparison data:** There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

## Child Development Watch

Total Children Served per Year, Delaware



Source: Delaware Birth to Three Early Intervention System, DHSS

For more information see
www.ucp.org

# Early Care and Education:
## Head Start and Early Childhood Assistance Program

RECENT TREND IN DELAWARE
GETTING
**BETTER**

*The period between the ages of three and five is a crucial time in children's intellectual development and preparation for school, especially for those living in poverty. Studies have shown strong links between family income levels and children's I.Q.s, finding that children who live in "persistent poverty" during their first five years have lower I.Q. averages than those of children whose families are not impoverished.[1] Similar studies have also shown that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completion.*

*Many early childhood education programs have been designed and implemented in this effort to offset the profound difficulties children from economically and socially disadvantaged backgrounds encounter when they enter school. The most important preparation is in the area of social skills, self-confidence, ability to deal with others, discipline, and values.*

*Head Start is an example of this type of early childhood assistance program. It was started 35 years ago as a federal program to prepare children from low-income backgrounds for academic success through skills development and human services.[2] The Head Start programs include health, education, parent involvement, and social services, in order to meet the needs of children in the context of the family. With these services, Head Start works to maximize the strengths of each child, influences development, and provides children with a learning environment made up of varied experiences that help children develop socially, intellectually, physically, and emotionally.[3]*

Bethany Beach

---

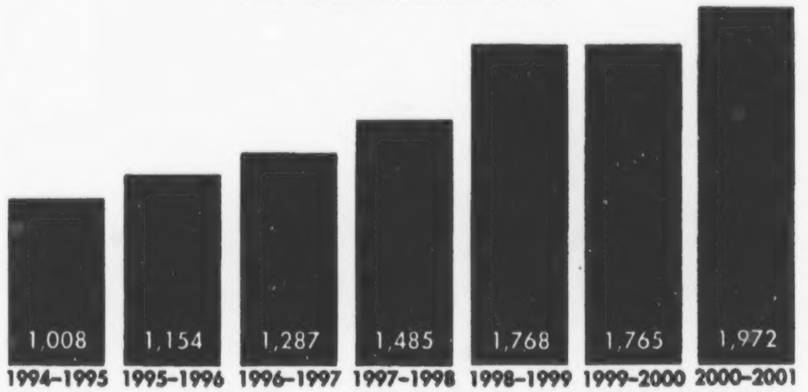
[1] Renchler, Ron. "Poverty and Learning." ERIC Digest, Number 83. 1993-05-00. Available at: http://www.ed.gov/databases/ERIC_Digests/ed357433.html

[2] "ED and HHS Join in Task Force to Improve Preschool Programs Including Head Start." United States Department of Education. July 27, 2001. Available at: http://www.ed.gov/PressReleases/07-2001/07272001.html

[3] Mallory, Nancy J. and Nancy A. Goldsmith. "The Head Start Experience." ERIC Digest. 1991-00-00 Available at: http://www.ed.gov/databases/ERIC_Digests/ed327313.html

**Head Start/ECAP**

4-Year-Old Children Served in Delaware



| | 94–95 | 95–96 | 96–97 | 97–98 | 98–99 | 99-00 | 00-01 |
|---|---|---|---|---|---|---|---|
| Estimated number of 4-yr.-olds in Head Start | 855 | 865 | 886 | 931 | 925 | 922 | 1,129 |
| Number of children in ECAP | 153 | 289 | 401 | 554 | 843 | 843 | 843 |
| Estimated number of 4-yr.-olds eligible | N/A | N/A | N/A | 1,938 | 1,938 | 1,935 | 2,162 |
| Percentage of 4-yr.-olds served | N/A | N/A | N/A | 77% | 91% | 91% | 91% |

Source: Delaware Department of Education

# Early Care and Education and School-Age Child Care

*Investments made in the first five years of a child's life significantly impact later development—such as lowering the risk of academic problems, school dropouts, delinquency, and teenage pregnancies. Because the majority of parents today are in the work force, critical questions arise about the care these young children receive—in terms of quality, affordability, and accessibility.*[1] *The system of early child care and education faces a dilemma—care costs too little to achieve high quality, but it costs too much to be affordable for many parents. The average cost of full-time care for one child is almost 20 percent of the average take home pay. Yet the pay of early childhood teachers is too low to attract or retain college graduates or individuals with special training.*[2] *Recent changes in welfare laws linking cash assistance to work or participation in work-readiness programs will mean additional children in need of quality child care in the coming years. One obstacle that many working parents encounter is the limited availability of affordable child care. Even when the cost is not an insurmountable barrier, many families find that child care is simply not available at the times and places it is needed. The consequences of poor quality child care are of enormous concern, especially for at-risk children. Increasingly, studies show the importance of stimulating cognitive skills in young children as soon as possible.*[3]

---

1 Kids Count In Virginia: 2001

2 "Design Choices: Universal Financing for Early Care and Education" by Richard N. Brandon, Sharon Lynn Kagan, and Jutta M. Joesch for Human Services Policy Center Policy Brief

3 Kids Count In Delaware: Fact Book 1998

## Accredited Programs

**Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 2000**

| | NAFCC | NAEYC | NSACA |
|---|---|---|---|
| Delaware | 31 | 28 | 0 |
| New Castle County | 28 | 24 | 0 |
| Kent/Sussex Counties | 3 | 4 | 0 |

* NAFCC is the National Association for Family Child Care Providers
* NAEYC is the National Association for the Education of Young Children
* NSACA is the National School Age Care Alliance

## Child Care and School Age Programs

**Delaware and Counties, 2000**

| | Total | School Age | Site-Based* |
|---|---|---|---|
| Delaware | 2,119 | 1,596 | 72% |
| New Castle County | 1,302 | 930 | 78% |
| Kent/Sussex Counties | 817 | 666 | 58% |

* Percent of public elementary schools with school age child care

Source for both tables: The Family and Workplace Connection

counting the kids
CENSUS 2000

There are 51,531 children under the age of 5 in Delaware.

## *Did you know?*

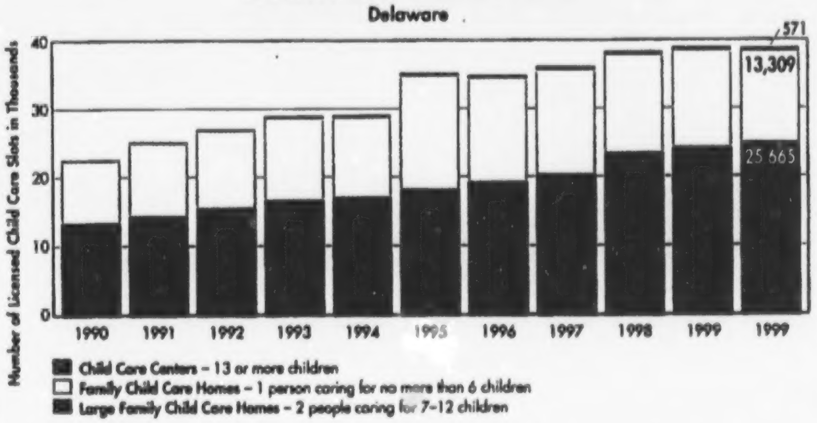
- More than 5 million American children have nowhere to go after school. These children are at significant risk of getting poor grades, abusing drugs or alcohol, engaging in sexual activity, and becoming the victims of crime. They are also missing out on opportunities to learn and grow. Before- and after-school programs can provide extended learning opportunities and positive interactions with caring adults in safe environments.
- By 2002, the current number of out-of-school programs for school-age child care will meet as little as 25 percent of the demand in some urban areas.
- Only one-third of schools in low-income areas offer extended-day and enrichment programs, as opposed to more than half of schools in more affluent areas.
- Eighty-four percent of programs surveyed depend entirely on parent fees, which average $45 per week.

Source: Before and After School Care from: www.pta.org

# Early Care and Education and School-Age Child Care

**Available Child Care**

Delaware



Source: Delaware Department of Services for Children, Youth and Their Families

## *Did you know?*

While parents believe college costs will be the biggest expense they face for their children, in fact, they will spend more in a year on quality child care than on public college tuition, according to a new Children's Defense Fund report. The report, *Child Care Challenges*, surveyed costs for four-year-olds in urban child care centers nationally and found that the average exceeds $3,000 a child, rising to more than $5,000 a child in 17 states. In 15 states, (in-state) tuition for a single year of public college is less than half that of urban child care center costs.

Source: Parents Face Higher Tuition Costs For Quality Child Care Than For Public College. Available from: www.childrensdefense.org

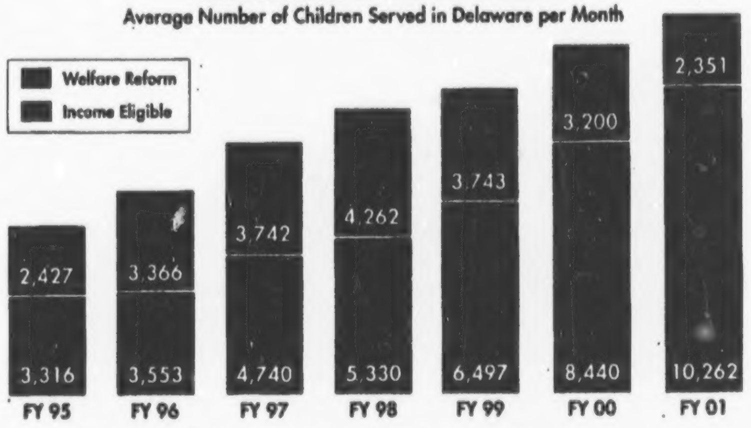
**put data into action**

Working families may qualify for child care subsidies. Working parents, working students or teenage parents in high school/GED programs can choose their own child care and the Department of Economic Security helps cover part of the cost.

For more information on subsidies, call Child Care Resource and Referral at 1-800-308-9000.

**Subsidized Child Care**

Average Number of Children Served in Delaware per Month



Source: Delaware Department of Health and Social Services, Division of Social Services

For more information see

| | |
|---|---|
| Tables 65–68 | p. 140–141 |

www.afterschoolalliance.org
www.afterschool.gov
www.childcareaware.org
www.familiesandwork.org

# Student Achievement

*Student achievement is a good determinant of future success in the labor market. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[1] However, as students make the transition into adolescence and secondary schools, their academic interest and motivation tends to decline, along with an apparent decline in achievement. One longitudinal study of a large group of students found a sharp decline between sixth and seventh grades (leaving elementary school and entering junior high school) in adolescents' interest in learning mathematics and their confidence in their mathematics abilities.[2]*

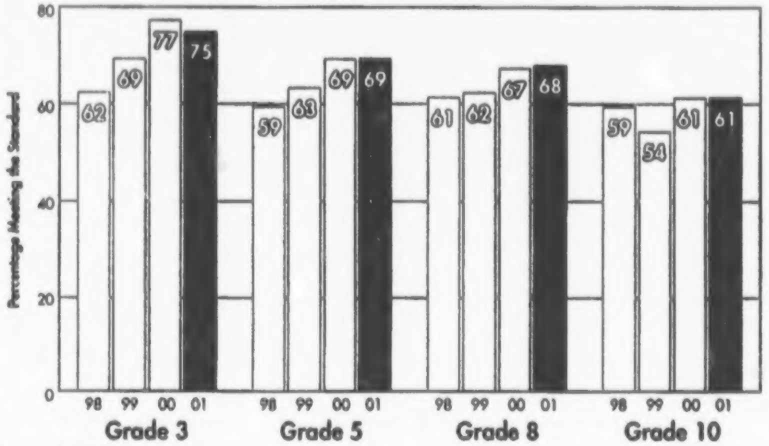
*Even with this decline in achievement and confidence, most teenagers still hold a general belief about the value of receiving a good education. A large national study of high school students indicated that they believed getting a good education would help them acquire the kind of job they would like in the future.[3] According to this same study, the more students believe that poor performance in school will compromise their future, the better their performance.*

**Delaware State Testing Program**

The Delaware State Testing Program (DSTP), designed by Delaware Educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for each and every student in Delaware. The DSTP assists Delaware educators in determining students' strengths and weaknesses to help identify academic issues. For the fourth consecutive year, students in grades 3, 5, 8, and 10 were tested in areas of reading, mathematics and writing.

**Reading Proficiency**

Delaware State Testing Program



Source: Department of Education

**Limited English Proficiency***

Number and Percent of Limited English Proficiency Students in Delaware

| | 98–99 | 99–00 | 00–01 |
|---|---|---|---|
| Number Served | 1,862 | 2,284 | 2,594 |
| Percent of Total Enrollment | 1.7% | 2.0% | 1.8% |

* Limited English Proficiency Student – an individual who was not born in the U.S. or whose native language is a language other than English; or is a Native American or Alaskan Native and comes from an environment where a language other than English has had a significant impact on such individual's level of English language proficiency; or an individual who has sufficient difficulty speaking, reading, writing, or understanding the English language and whose difficulties may deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English.

Source: Department of Education

---

[1] Decker, P.T., Rice, J.K., Moore, M.T., and Rollefson, M. *Education and the Economy: An Indicators Report*. Washington, DC: National Center for Education Statistics, 1997

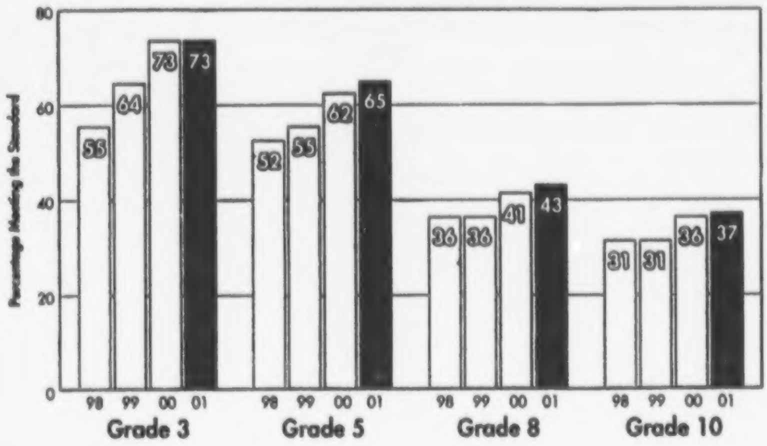
[2] Eccles, J.S., and Midgley, C. "Changes in academic motivation and self-perception during early adolescence." In R. Montemayor, G.R. Adams, and T.P. Gullota (Eds.), *From childhood to adolescence: A transitional period?* (134-155). Newbury Park, CA: Sage, 1990.

[3] Steinberg, L., Dornbusch, S.M., and Brown, B.B. 1992. "Ethnic differences in adolescent achievement: and ecological perspective." *American Psychologist*, 47(6), 723-729.'

# Student Achievement

**Math Proficiency**

Delaware State Testing Program



Source: Department of Education

**In 2000, in the United States there were**

| | |
|---|---|
| **53.1 million** | Children (ages 5 to 17) counted in 2000 census |
| **48.5 million** | Children enrolled in the nation's elementary and high schools in October 2000, essentially equal to the all-time high of 48.7 million students first reached in 1970 when baby-boomers went to school |
| **6.3 million** | U.S. teachers (from pre-kindergarten to college) as of 1999 |
| **$40,600** | Average salary for public school teachers for the 1998-99 school year. Connecticut had the highest average, $51,600, while South Dakota had the lowest, $28,600. |
| **$8,629** | Average amount charged for in-state tuition, room, and board at four-year public colleges and universities during the 1998-99 school year, up more than 60 percent from 1989-90. |
| **$25,343** | Average amount charged for tuition, room, and board at four-year private colleges and universities during the 1998-99 school year, up almost 70 percent from 1989-90. |
| **95%** | Public schools with Internet access in the fall of 1999. In 1995, the figure was 50 percent. |

**and in Delaware there were**

| | |
|---|---|
| **114,424** | Children were in enrolled in Delaware's elementary and secondary public schools |
| **7,311** | Elementary and secondary classroom teachers and 494 instructional specialists in 2000 |
| **$10,304** | University of Delaware tuition, room, and board, 2000-01 |
| **$44,435** | Average salary for public school teachers, 1999-00 |

Sources: U.S. Census Bureau, "Back to School." Available at: www.census.gov, www.doe.state.de/reports

# Student Achievement

## DSTP Proficiency Levels – Delaware State Testing Program

Students receive scores indicated by the following levels:

| Level | Category/Description |
|---|---|
| 5 | Distinguished:<br>Excellent performance |
| 4 | Exceeds the standard:<br>Very good performance |
| 3 | Meets the standard:<br>Good performance |
| 2 | Below the standard:<br>Needs improvement |
| 1 | Well below the standard:<br>Needs lots of improvement |

## DSTP Accountability

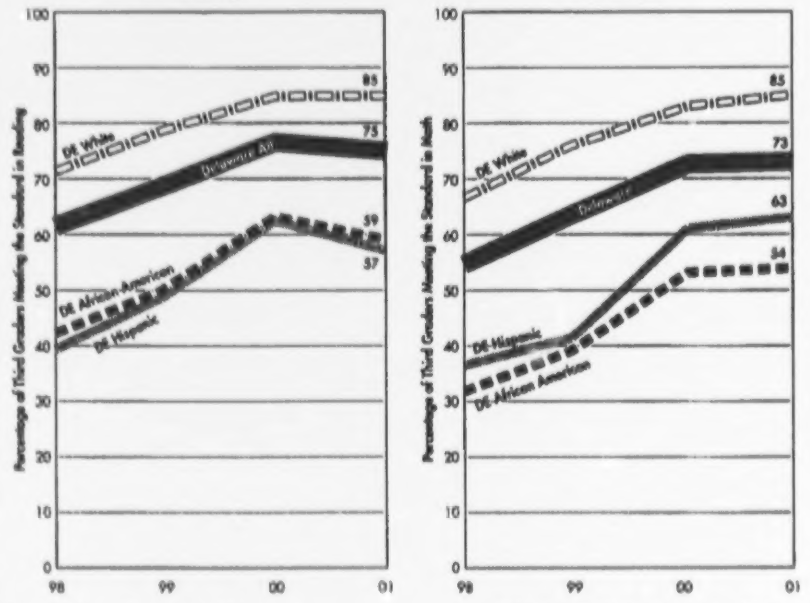
Student accountability begins with the 2002 DSTP. Students in grades 3 and 5 will be promoted if their DSTP reading is at level 3 or above. Students in grade 8 will be promoted if their DSTP reading and math is at level 3 or above.

**Level 2 –**
**Students Below the Standard**

- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year

**Level 1 –**
**Students Well Below the Standard**

- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer
- * If the student is still below the standard, the student will only be promoted in an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

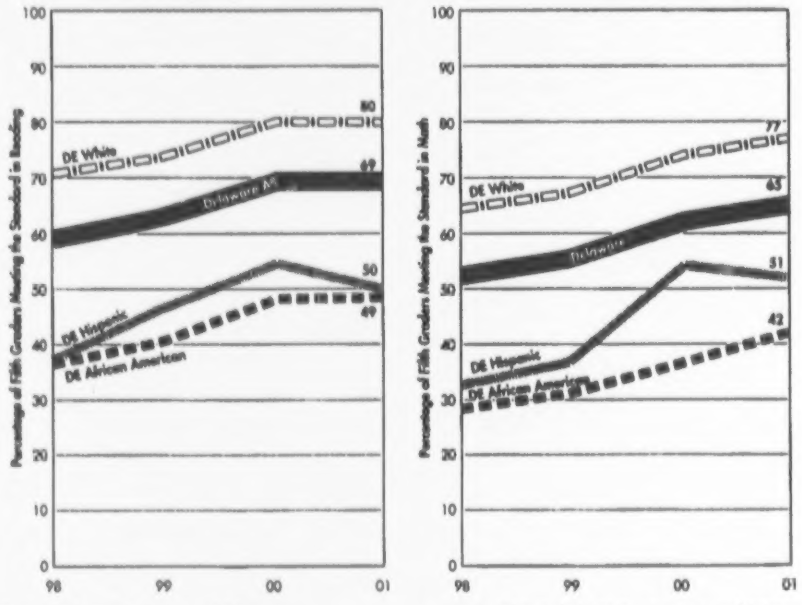


**Grade 3 Meeting the DSTP Standard**
1998–2001

Reading | Math

Source: Delaware Department of Education

Note: White includes Native American and Asian.



**Grade 5 Meeting the DSTP Standard**
1998–2001

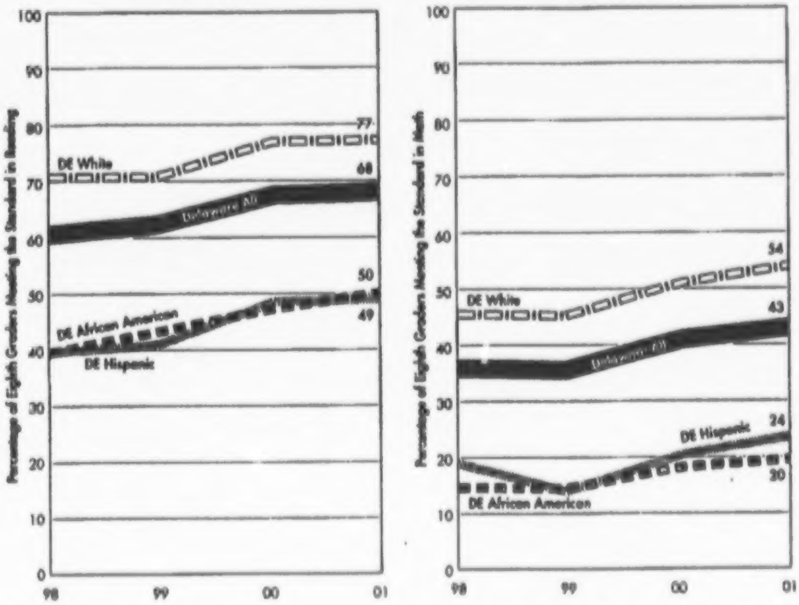
Reading | Math

Source: Delaware Department of Education

Note: White includes Native American and Asian.

## Grade 8 Meeting the DSTP Standard

1998–2001



Reading

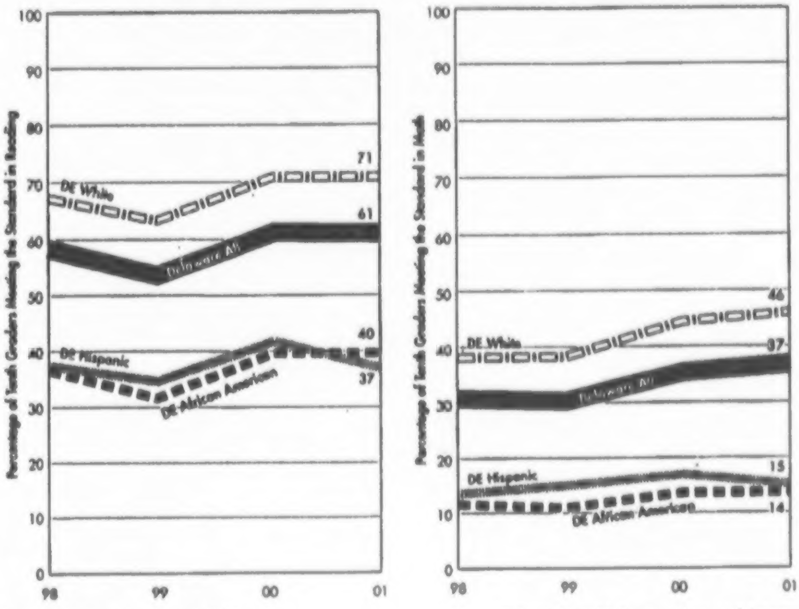
Math

Source: Delaware Department of Education

Note: White includes Native American and Asian.

## Grade 10 Meeting the DSTP Standard

1998–2001



Reading

Math

Source: Delaware Department of Education

Note: White includes Native American and Asian.

Bear

For more information see
Tables 40–45 p. 129–131
www.doe.state.de.us

# Children Receiving Free and Reduced-Price School Meals

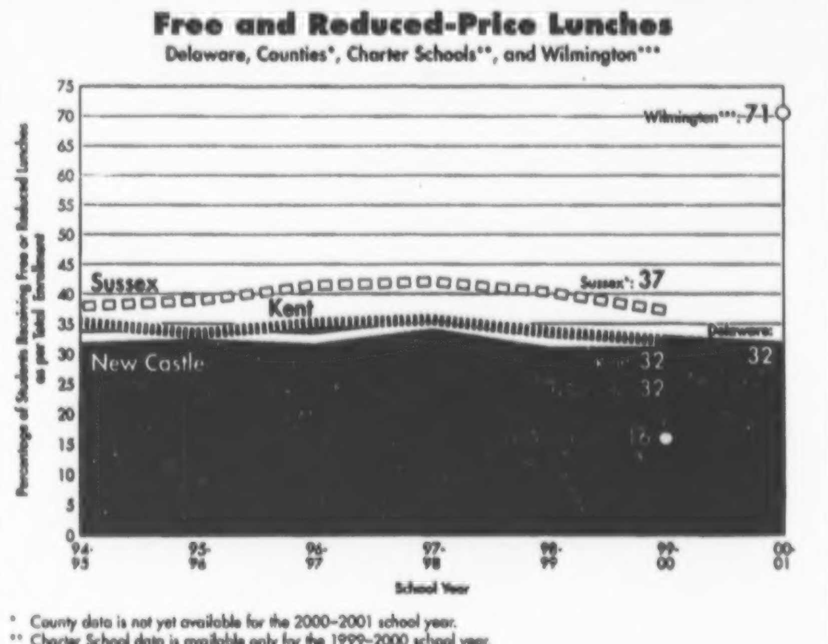
*Research has consistently shown a relationship between poverty, poor nutrition, and educational development in children. Children who are constantly hungry have a diminished capacity to learn. Participation in the school lunch program enables children to get the nutrition they need to succeed in school. Children from low-income families receive one-third to one-half of their daily nutritional intake from the school lunch program.[1] The Food Research and Action Center reports that hungry children are inattentive in class, likely to have discipline problems, and perform poorly in problem-solving activities. Children who have adequate nourishment are more active and social on the playground, more focused in class, and better able to think and remember what they learned.[2]*

*For children, the National School Lunch Programs provides a nutritious meal that contains one-third of the Recommended Dietary Allowance of necessary nutrients. For parents, the program offers a convenient method of providing a nutritionally balanced lunch at the lowest reasonable price. For schools, the program enhances children's learning abilities by contributing to their physical and mental well-being. The lunch program must be open to all enrolled children. Free or reduced-price meals must be provided to those children who qualify for such benefits according to specified family size and income levels. Other similar programs offered by the U.S. Department of Agriculture include the School Breakfast Program, Special Milk Program, the Summer Food Service Program, and the Child and Adult Care Food Program.*

---

1 Kids Count Missouri: 2000 Data Book

2 Kids Count in Delaware: Fact Book 1998

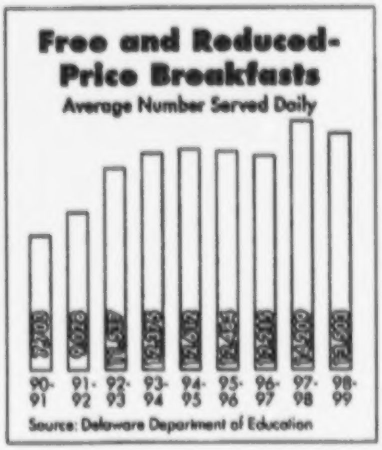


**Free and Reduced-Price Lunches**
Delaware, Counties*, Charter Schools**, and Wilmington***

* County data is not yet available for the 2000–2001 school year.
** Charter School data is available only for the 1999–2000 school year.
***Wilmington data is available only for the 2000–2001 school

Source: Delaware Department of Education

# Children Receiving Free and Reduced-Price School Meals



Source: Delaware Department of Education

The National School Lunch and School Breakfast Programs provide nutritious meals to children at participating schools. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free meals, household income must fall below 130% of poverty. Children in Food Stamp and Medicaid households are automatically eligible for free meals. Participation levels in this program, however, are affected by a variety of factors such as the level of outreach in the school community and the extent to which children may be stigmatized as participants. Although not every eligible student participates, the number of children receiving free or reduced-price meals reflects the number of low-income children in a school district.

counting the kids

In the 1999-2000 school year, 18% of all Delaware students participated in the school breakfast program on a daily basis. 2,468,397 school breakfasts were served during the school year.

Source: Delaware Department of Education

Claymont

### *Did you know?*

- Nationally, 12 million kids are affected by hunger each year.
- 40% of all emergency shelter food recipients are children, although they represent only 25% of the U.S. population.
- In 2000, requests for emergency food in American cities from families with children increased by an average of 16% over the previous year – the highest increase since 1991.
- Over one-third (38%) of families leaving welfare reported that they ran out of food and did not have money for more.
- Hungry children, even those who experience only mild malnutrition during the critical stages of their development, may suffer negative life-altering consequences.
- Hungry children have a more difficult time learning in school, shorter attention spans, and suffer more absences due to illness.
- Children who do not receive adequate nourishment may suffer abnormal brain, cognitive, and psychological development which, if not corrected, can be irreparable.
- A child who is unequipped to learn because of hunger and poverty is more likely to be poor as an adult.

Source: The Facts. Available from: www.feedingchildrenbetter.org

put data into action

For more information about the National School Lunch Program, School Breakfast Program, and Summer Food Service Program contact the Delaware Department of Education Child Nutrition Program at 302-739-4717. For further information about the Child and Adult Care Food Program, contact the Delaware Department of Education at 302-739-4718. All of this information may be accessed on the U.S. Department of Agriculture website at www.fns.usda.gov/cnd or the Delaware Department of Education website at www.doe.state.de.us.

**For more information see**
Tables 52–53 p. 134–135
www.feedingchildrenbetter.org

# *Alcohol, Tobacco, and Other Drugs*

RECENT TREND IN DELAWARE
GETTING
**BETTER**

*Young people who abuse alcohol and other drugs are more likely to drop out of school, become teen parents, engage in high-risk sexual behavior, experience injuries, and become involved with the criminal justice system.*[1] *Alcohol remains the largest problem among adolescents even though such students cannot legally buy alcohol. In the United States 31 percent of high school seniors, 25 percent of sophomores, and 15 percent of eighth graders said they consumed at least five consecutive drinks (binge drinking) in the past two weeks.*[2] *Teenagers are starting to drink earlier than ever, typically at age thirteen or fourteen, and more of them are drinking to intoxication on a regular basis.*

*Many adults who are addicted to tobacco today began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses. Smoking has serious long-term consequences, including the risk of smoking-related diseases and the risk of premature death, as well as causing increased health care costs.*[3]

Dewey Beach

*Using alcohol and tobacco at a young age increases the risk of using other drugs later. Drug use by youth has serious and often long-term individual, social, and economic consequences. Some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others. Adolescence is a time for trying new things. Teens use drugs for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in. It is difficult to know which teens will experiment and stop and which will develop serious problems.*

---

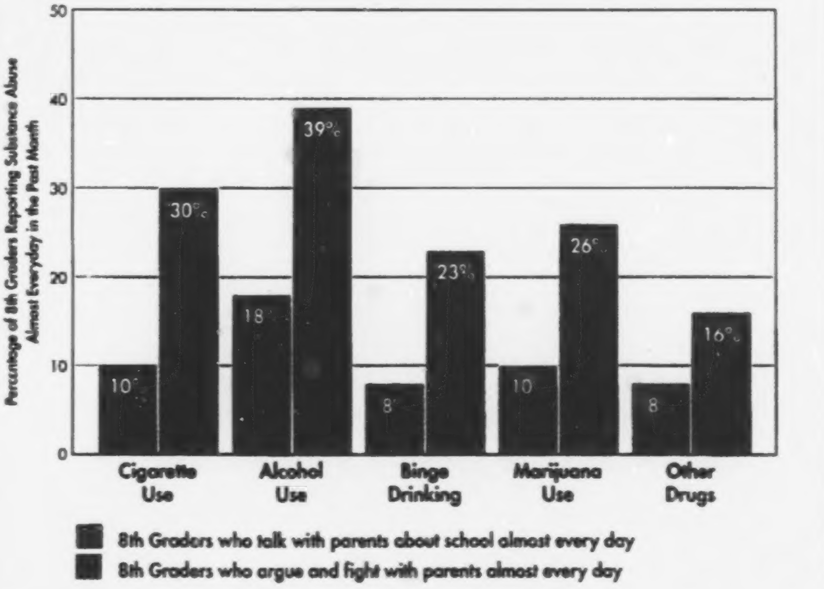
[1] 2001 Rhode Island Kids Count Factbook

[2] "Trends in Teen Drug Use." By Janet Firshein.

[3] America's Children: Key National Indicators of Well-Being: 2001

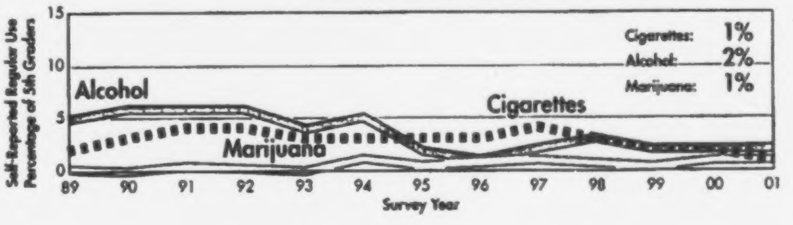
**Substance Abuse**

8th Graders Who Talk to Parents about School Compared to 8th Graders Who Argue or Fight with Their Parents, Delaware, 2001



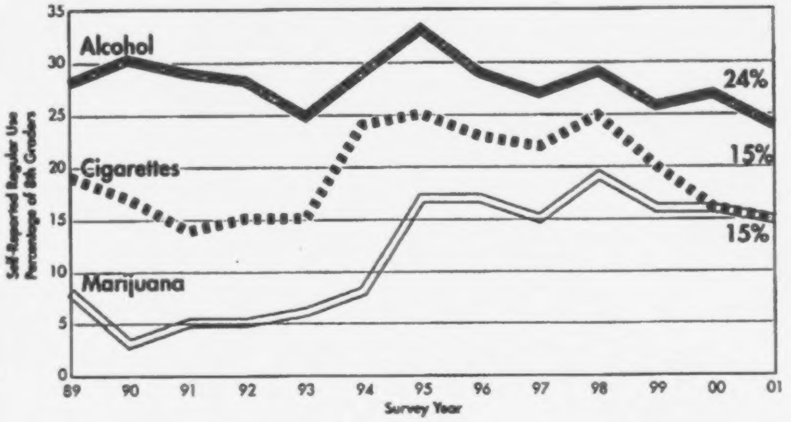
Source: *Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students, 2001*.
Prepared by The Center for Drug and Alcohol Studies, University of Delaware*

# Alcohol, Tobacco, and Other Drugs



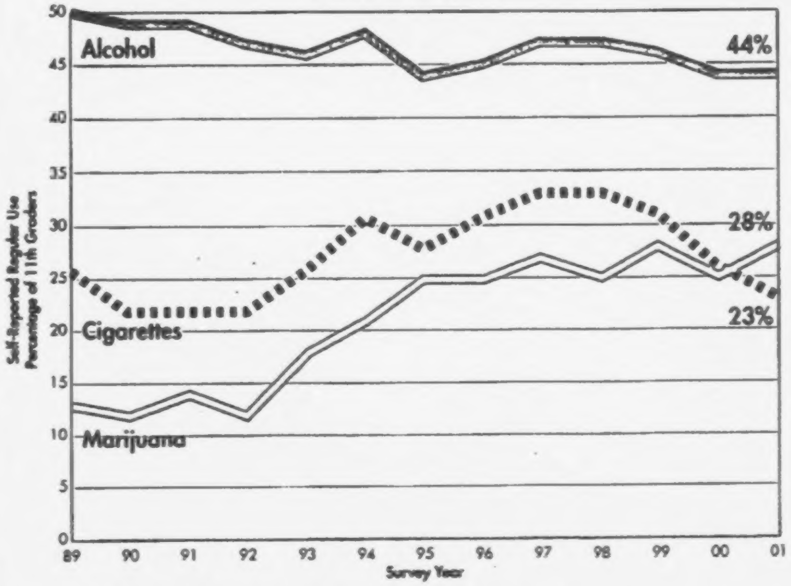
### Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



### Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



### Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders

Source: *Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students, 2001:* Prepared by The Center for Drug and Alcohol Studies, University of Delaware[a]

Dewey Beach

For more information see

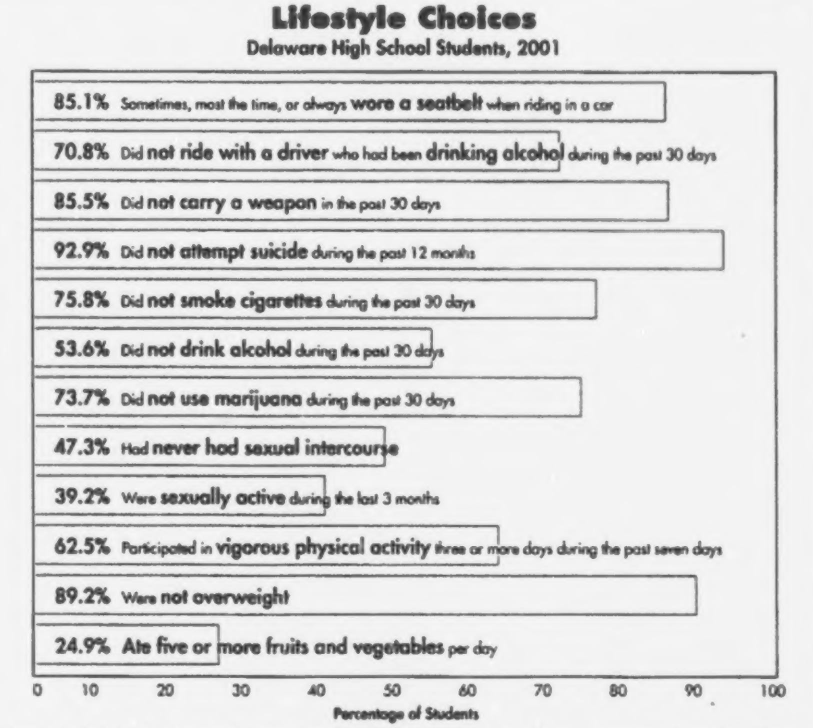
Tables 31–37 p. 125–128

www.tobaccofreekids.org

www.state.de.us/drugfree

# Healthy Lifestyles

*Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and characteristics that are associated with success.*


**Lifestyle Choices**

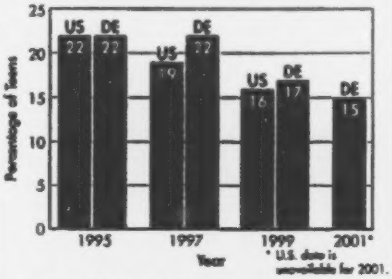
Delaware High School Students, 2001

Source: Youth Risk Behavior Surveillance–United States. 2001 CDC State Surveillance Summaries, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Note: The Youth Risk Behavior Survey (YRBS) was administered to 2,915 students in 30 public high schools in Delaware during the spring of 2001. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 50.8%, Male: 49.2%; 9th grade: 30.4%, 10th grade: 26.2%, 11th grade: 21.9%, 12th grade: 21.5%; African American: 24.0%, Hispanic/Latino: 6.2%, White: 61.5%, All other races: 5.4%, Multiple races: 2.8%. Students completed a self-administered, anonymous questionnaire.

**Teens Who Rarely or Never Use Seatbelts**

Delaware Compared to U.S.

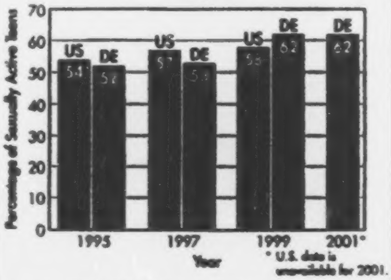


* U.S. data is unavailable for 2001.

Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. 2001 CDC State Surveillance Summary, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

**Condom Use Among Sexually Active Teens**

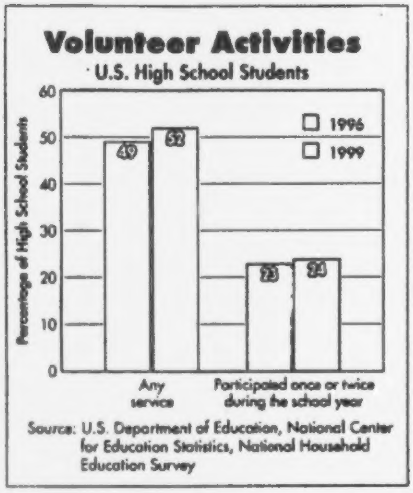
Delaware Compared to U.S.



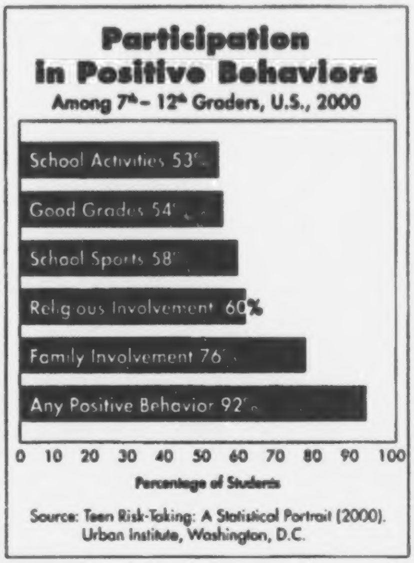
* U.S. data is unavailable for 2001.

Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. 2001 CDC State Surveillance Summary, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Studies show that regular participation in volunteer activities helps to develop higher levels of civic development and personal efficacy among youth. Youth volunteers tend to have greater self-confidence in their ability to make public statements, have stronger political knowledge and pay more attention to politics. They also learn to respect themselves as well as others, and develop leadership skills and a better understanding of citizenship.[1]

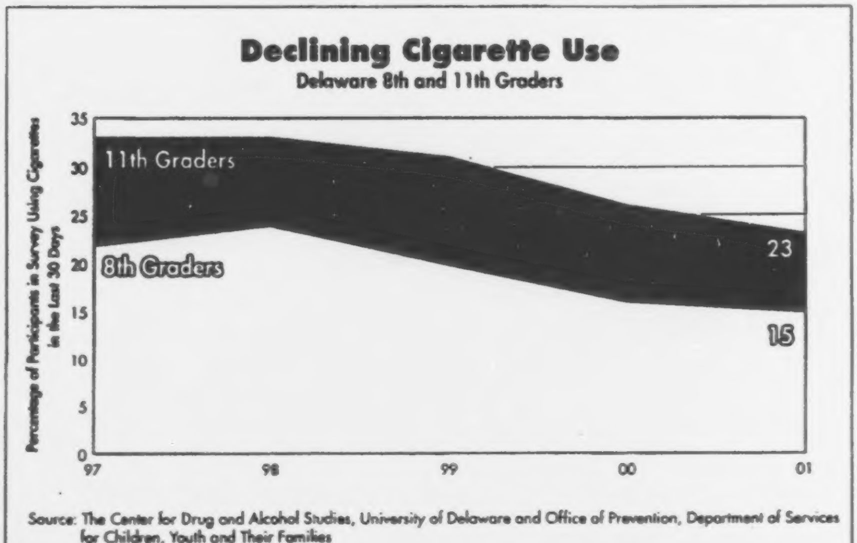

**Volunteer Activities**
U.S. High School Students

Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey


**Participation in Positive Behaviors**
Among 7th – 12th Graders, U.S., 2000

Source: Teen Risk-Taking: A Statistical Portrait (2000). Urban Institute, Washington, D.C.

Today's teens are actively participating in positive behaviors that may promote their well-being. According to the report *Teen Risk-taking: A Statistical Portrait* by the Urban Institute, while few students engage in all of the positive behaviors examined, 92 percent of students engaged in at least one. Participation in positive behaviors differs by age, grade and race. It declines with grade level and among boys. Hispanic students engaged in fewer positive behaviors than white or black students. These general patterns extend to each type of positive behavior; the only exception is the greater participation in school sports among male than female students.


**Declining Cigarette Use**
Delaware 8th and 11th Graders

Source: The Center for Drug and Alcohol Studies, University of Delaware and Office of Prevention, Department of Services for Children, Youth and Their Families

---

[1] Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2000*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: US Government Printing Office.

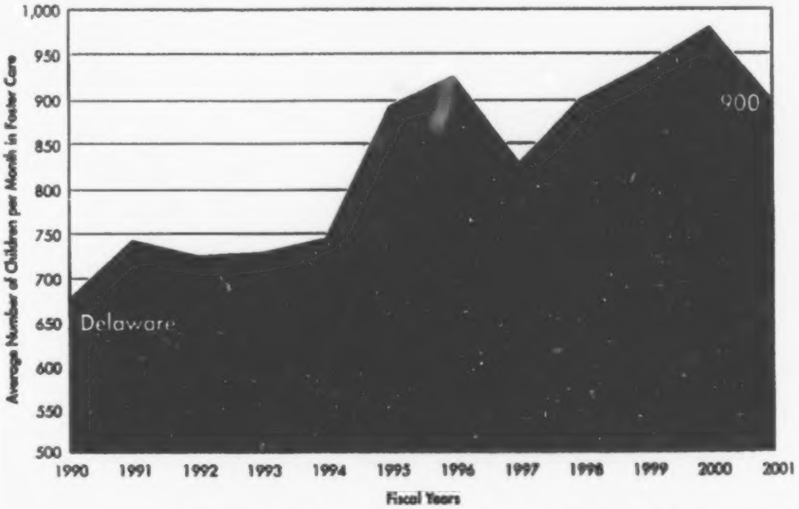
# Foster Care

*Foster care provides a placement for a child whose family is found to be unable to provide a safe and nurturing environment. Some of the most common reasons for entering foster care are neglect, abandonment, and physical or sexual abuse. Foster care is viewed as a last resort, and every effort is made to ensure that families are kept intact. The more times a child is taken away from the family, the greater negative impact it has on the child's development and general well-being.*[1] *Many children are shuffled around from home to home due to shortages of foster parents, or because they go back and forth between their biological family and temporary care. It is estimated that in 1999 there were 547,000 children in foster care and 117,000 were waiting for permanent adoptive families.*[2]

Harrington

**Foster Care**

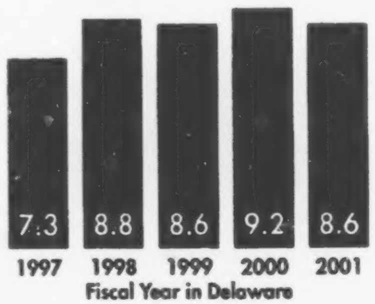
Delaware



Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services

**Out-of-Home Care**

Rate per 1,000 children



Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services

**put data into action** Delaware needs more foster parents. The number of foster homes is not increasing at the same rate as the number of children who need them.

Delaware foster parents receive:

- 27 hours of training over a nine-week period
- Monthly payments ranging from $390–$624.
- Medical, dental, and mental health services provided for the child.

**For more information see**

| | |
|---|---|
| Table 74 | p. 144 |
| www.fostercare.org | |

---

[1] *Trends in the well-being of America's children & youth, 1999.* U.S. Department of Health and Human Services: Office of Assistant Secretary for Planning and Evaluation.

[2] *Key facts about children & families in crisis.* Children's Defense Fund. Available from: http://www.childrensdefensefund.org/keyfacts_family_crisis.html

# Juvenile Delinquents in Out-of-Home Care

*Delinquency refers to any illegal act (breaking any federal, state, or local criminal laws) committed by a juvenile. Juveniles can also be considered delinquent for committing status offenses, which are behaviors that are not considered crimes for adults (truancy, running away, drinking alcohol, and others).*

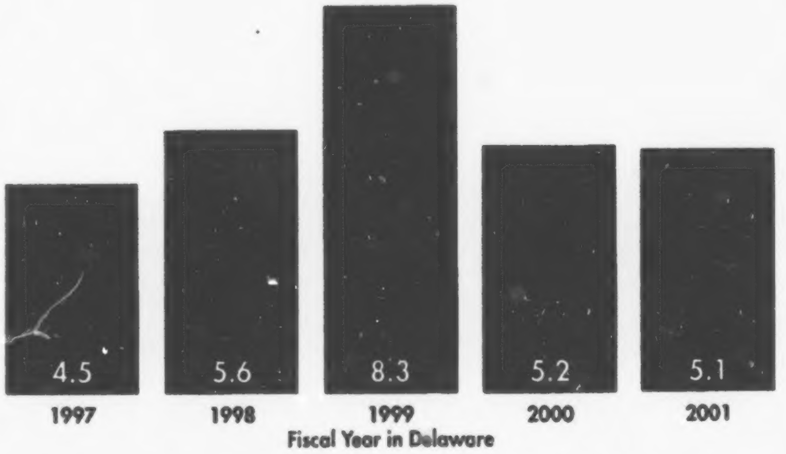
*Factors contributing to juvenile delinquency include low levels of family warmth and supportiveness, high rates of marital and family discord, ineffective and lax parental discipline, parents' involvement in criminal activities, early childhood aggressive and non-aggressive conduct problems, peer involvement in criminal activities, and poverty.*[1]

*More than 125,000 youth are in custody in nearly 3,500 public and private juvenile correctional facilities in the United States with a broad range of intense educational, mental health, medical, and social needs.*[2]

[1] National Mental Health and Education Center. Available at: www.naspcenter.org/adol_delin.html

[2] National Center on Education, Disability and Juvenile Justice. Available at: www.edjj.org/education.html

**Juvenile Delinquents in Out-of-Home Care**
per 1,000 youth ages 10–17



Source: Delaware Department of Services for Children, Youth and Their Families; Statistical Analysis Center

Harrington

## *Did you know?*

Higher prevalence of chronic medical problems have been found in incarcerated youth, runaways and homeless youth, and children in foster care. Despite the assumption that youth in foster care and those who are incarcerated should have greater access to care because they are within the government's care, their overall health status may be worse than homeless and ruanaway youth.

Source: National Adolescent Health Information Center. Fact Sheet on Out of Home Youth: Foster Care, Incarcerated, and Homeless/Runaway Adolescents

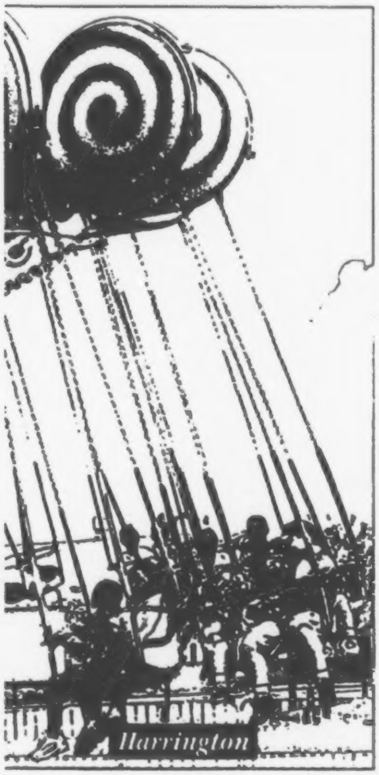
**For more information see**
Table 74 p. 144
www.edjj.org

# Sexually Transmitted Diseases

RECENT TREND
IN DELAWARE
ABOUT THE
**SAME**

*Approximately three million cases of sexually transmitted diseases (STDs) occur among teenagers each year, in about one in four sexually-experienced teens.[1] Teens are at high behavioral risk for acquiring most STDs because they are more likely than other age groups to have unprotected sex, multiple sex partners, and for girls, to choose sexual partners older and more experienced than themselves. Chlamydia is more common among teens than among older men and women, and is found in 10 to 29 percent of sexually active teenage girls and 10 percent of teenage boys tested for STDs.[1] In a single act of unprotected sex with an infected partner, a teenage girl has a one percent risk of acquiring HIV, a 30 percent risk of getting genital herpes, and a 50 percent chance of contracting gonorrhea.[1]*

*Delaying first intercourse among all adolescents and increasing condom use among those who are sexually active has reduced the overall risk and occurrence of STDs. A Youth Risk Behavior Survey analyzed by the Center for Disease Control found that fewer high school students were engaging in high-risk behaviors for STDs and pregnancy, compared to the trends in sexual intercourse rates among teenagers seen in the 1970s and 80s. These decreases in sexual risk behaviors and the resulting improvements in reproductive health are the result of efforts by parents and families, schools, community-based and religious organizations, the media, government agencies, and adolescents.[2]*

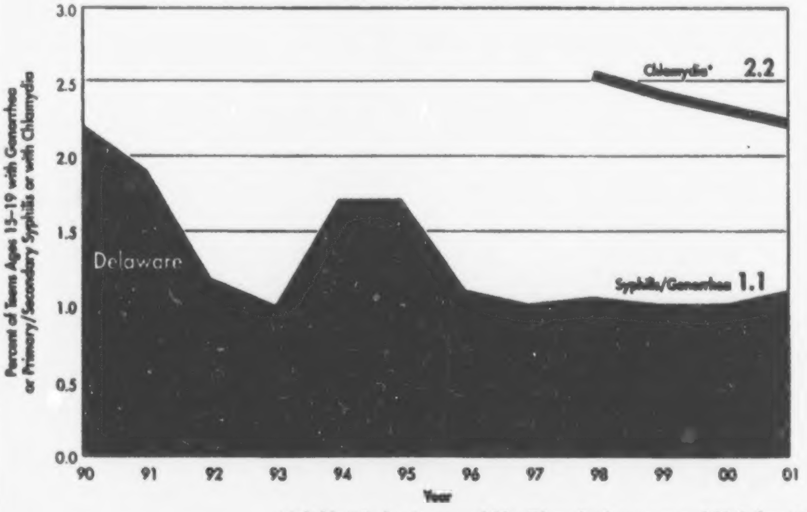


---

[1] The Alan Guttmacher Institute. "Facts in Brief: Teen Sex and Pregnancy". Available at: www.agi-usa.org.

[2] Centers for Disease Control and Prevention. Available at: www.cdc.gov/nchstp/dstd/

**Sexually Transmitted Diseases**
Delaware*, 1990–2001



* Reliable U.S. data is not available. Chlamydia data is not available before 1998.

Source: Delaware Department of Health and Social Services

## Did You Know?

Many adolescents discover their HIV status *accidentally*. A study of HIV-infected youth conducted by the Minnesota Department of Health found that one-third of young people diagnosed had discovered their HIV status due to mandatory job testing, the military, or plasma centers. The other two-thirds were diagnosed while at emergency rooms and acute-care settings due to infection-related symptoms.

Source: Wilder, Terri L., L.M.S.W. "The Facts About Young People and HIV." The Body: An AIDS and HIV Information Resource.
AIDS Survival Project, June 2001. Available at www.thebody.com/asp/june01/youth.html

**For more information see**

| | |
|---|---|
| Table 72 | p. 143 |

www.thebody.com
www.plannedparenthood.org

# FAMILIES COUNT IN DELAWARE

## Other Issues Affecting Delaware Families

# Unemployment

DELAWARE COMPARED TO U.S. AVERAGE
**SIMILAR**

RECENT TREND IN DELAWARE GETTING
**WORSE**

*Secure parental employment is important for families in several ways: it reduces the incidence of poverty to children, it can be an important determinant as to whether children have access to health care, and it affects children's psychological well-being and family functioning by reducing parental stress.*[1]

*According to the Bureau of Labor Statistics, individuals are classified as unemployed if "they do not have a job, have actively looked for work in the prior four weeks, and are currently available for work." The Current Population Survey found that in an average week in 2000, 4.1 million families in the U.S. had at least one member who was unemployed.*[2]

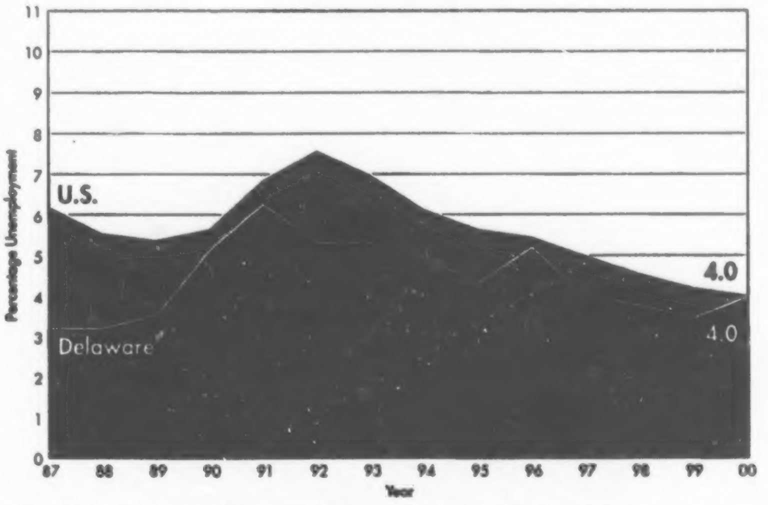
---

[1] America's Children: Key National Indicators of Well-Being, 2001. Available at www.childstats.gov

[2] U.S. Department of Labor, Bureau of Labor Statistics. Available at: www.bls.gov

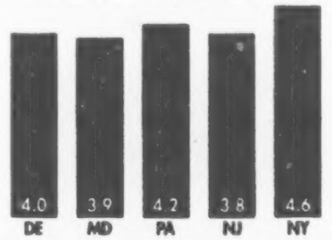
GRIZZLY BEAR
New Castle County

**Unemployment**
Delaware Compared to U.S.



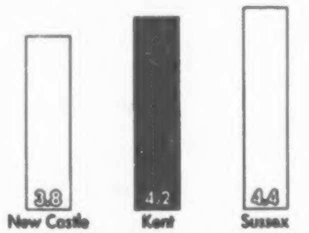
Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

**Unemployment**
Regional Comparison of Percentage Unemployment, 2000



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

**Unemployment**
County Comparison of Percentage Unemployment, Delaware, 2000

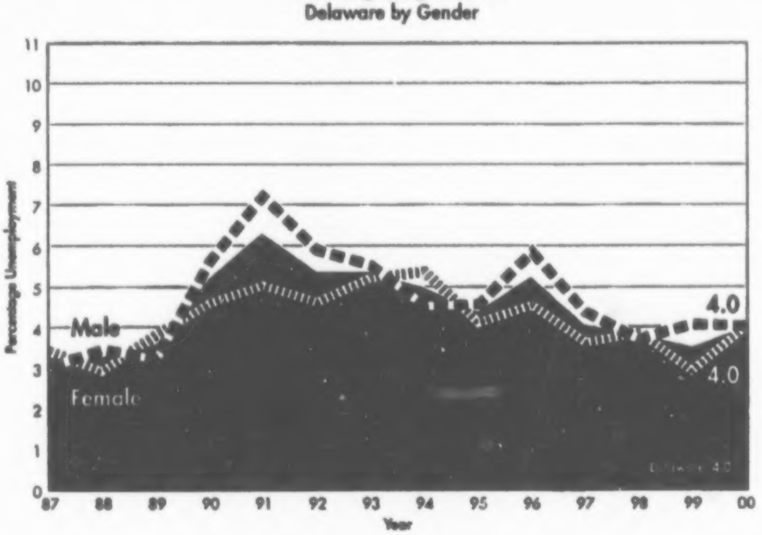


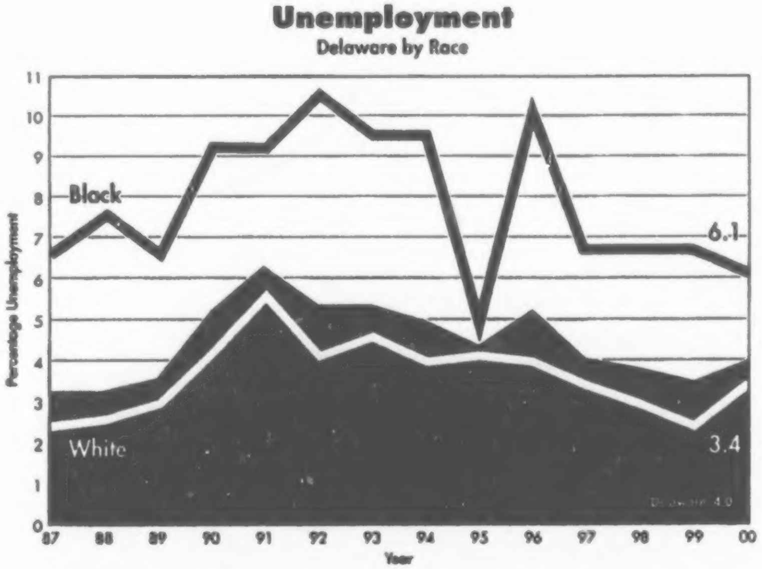
Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

**Delaware is one of ten states with a minimum wage rate higher than the federal rate of $5.15. The minimum wage is $6.15 per hour, as of October 1, 2000.**

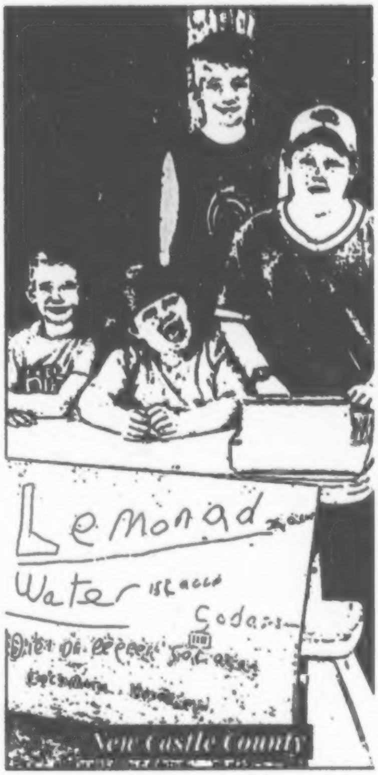
Source: "Minimum Wage Laws in the States." U.S. Department of Labor. Available from www.dol.gov/dol/esa

BEST COPY AVAILABLE





Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics



## Did you know?

Delaware's financial services industry makes up a bigger share of our state's economy than does any industry in any other state. Financial services are more important to Delaware's economy (accounting for almost 40% of Delaware's Gross State Product) than they are to New York (32.75% of its GSP) or than government is to Washington D.C. (37.67% of its GSP).

Source: "How Diverse is Delaware's Economy?" Delaware Department of Labor's Office of Occupational and Labor Market Information.
Available at: http://www.oolmi.net/Diverse.htm

**For more information see**

| | |
|---|---|
| Table 64 | p. 140 |
| www.delawareworks.com | |

# Risk of Homelessness and Substandard Housing

*The fastest growing population among the homeless is families with young children. Several factors increase a person's risk of homelessness: lack of affordable housing, extremely low income, lack of social services, psychiatric disability, substance abuse, domestic violence, chronic illness, history of confinement in prisons and/or psychiatric hospitals, and weak and overdrawn support networks of family and friends.*[1]

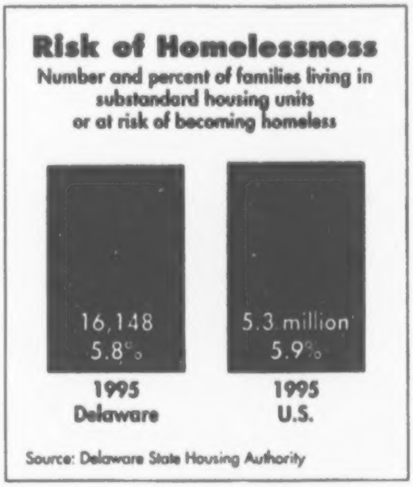
*Being homeless makes it very difficult to register for school, pay school fees, buy clothing for school, participate in afterschool activities, and access before- and after-school care programs. Once enrolled in school, children face the insurmountable task of trying to catch up to their fellow students. They lack a safe, quiet environment to study and complete their homework. Often homeless children change schools frequently, making it difficult for schools to obtain transcripts and immunization records.*[2]

*Substandard housing can pose serious threats to children and families' physical, psychological, and material well-being. In spite of countless government regulations, inspections, housing programs and strict building codes, substandard housing still exists. In Delaware, more than 12,000 substandard homes are in need of substantial rehabilitation. Approximately 24,000 additional homes in the state are in need of moderate rehabilitation. Substantial rehabilitation requires at least $30,000 per unit or $20,000 for a mobile home.*[3]

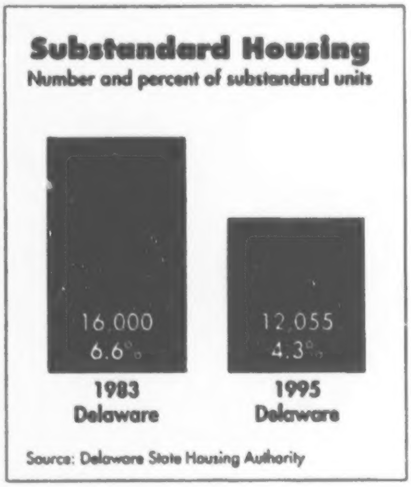
Wilmington

---

1 *Priority home!: the federal plan to break the cycle of homelessness.* March 1994
2 *Education of homeless children and youth.* National Coalition for the Homeless June 1999
3 "Delaware Statewide Housing Needs Assessment." Delaware State Housing Authority. June 1996. Available at: http://www2.state.de.us/dsha/research_frame.htm


**Risk of Homelessness**
Number and percent of families living in substandard housing units or at risk of becoming homeless

Source: Delaware State Housing Authority


**Substandard Housing**
Number and percent of substandard units

Source: Delaware State Housing Authority

**put data into action**

Delaware State Housing Authority offers numerous **home rehabilitation programs** to low- and moderate-income Delawareans. These include a Housing Rehabilitation Loan Program, a Neighborhood Revitalization Fund, Community Development Block Grants, an Acquisition Rehabilitation Loan Program, and a Home Fix-Up Program.

For more information on any of these programs, call (302) 739-4263 or (302) 577-5001, or go to their website at www.state.de.us/dsha/repair_frame.htm.

**For more information see**
Table 57 p. 136
www.jchs.harvard.edu

# Home Ownership

RECENT TREND IN DELAWARE GETTING **BETTER**

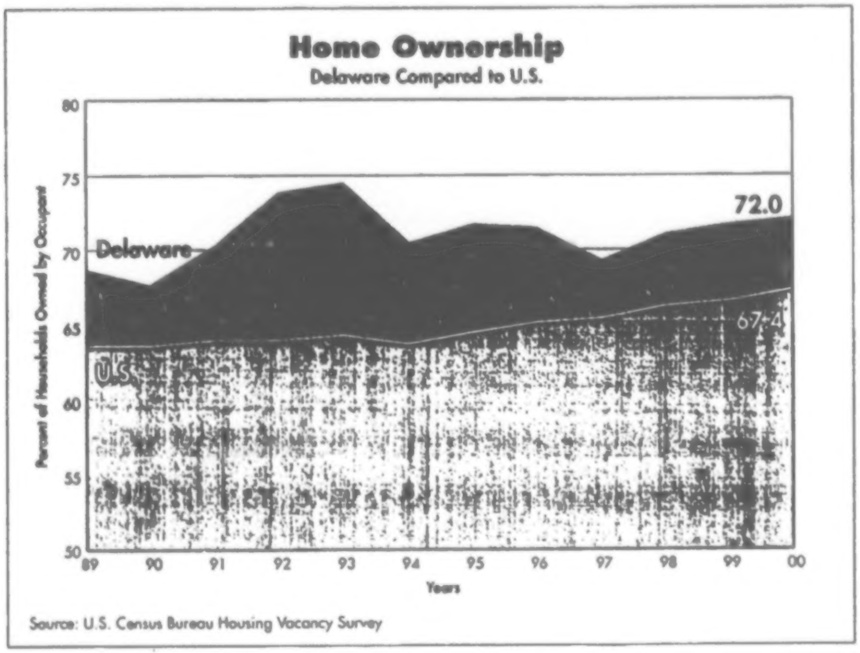
RECENT TREND IN DELAWARE GETTING **BETTER**

*The American Dream of homeownership has many benefits. Aside from the personal satisfaction of owning a home, there are several financial benefits such as tax deductions, and the potential of increased home value.*

*According to the U.S. Department of Housing and Urban Development, the homeownership rate in 2000 was the highest in history. With lowered interest rates and policy initiatives focused on broadening homeownership, the climate for financing a home was the most favorable since the 1960s. Despite this progress in overall homeownership, serious gaps remained for certain segments of the population. Minority, inner-city, and lower income homeownership rates continued to be lower than those of non-minority suburban families in 1999.*[1]

---

[1] Issue Brief: "Homeownership: Progress And Work Remaining." U.S. Department of Housing and Urban Development. Updated June 15, 2001. Available at: www.huduser.org/publications/polleg/homeownership.html



**Home Ownership**

Delaware Compared to U.S.

Source: U.S. Census Bureau Housing Vacancy Survey

Wilmington

put data into action

Delaware State Housing Authority offers numerous **home ownership programs** to low- and moderate- income Delawareans. These include

- Single Family Mortgage Revenue Bond Program,
- Family Assisted Interest Rate Loan Program,
- Second Mortgage Assistance Loan Program,
- Delaware Housing Partnership Acquisition/Rehabilitation Loan Program,
- Public Housing Home Ownership Program, and
- Multi-Family Mortgage Revenue Bond Program.

For more detailed information on any of these programs, call (302) 739-4263 or (302) 577-5001, or go to their website at www.state.de.us/dsha/home_buy_frame.htm.

**For more information see**

| | |
|---|---|
| Table 57 | p. 136 |
| www.housingforall.org | |

# Health Care Coverage

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE GETTING **BETTER**

*Health care coverage is essential for the well-being of families. Even though Medicaid reaches many people who need basic health care, millions of low-income people – including parents and children – are not covered. More than 80 percent of low-income, uninsured adults (people with incomes below 200 percent of the federal poverty line, or $29,260 in annual income for a family of three) are ineligible for Medicaid or other public health coverage.*[1] *Census Bureau data show that more than 13 million people have incomes that are considered "too high" to qualify for coverage in their state. In more than half of the states, a parent in a three-person family working full time and earning $5.15 per hour is considered to have "too much income" to qualify for Medicaid.*[1]

*The State Children's Health Insurance Program (SCHIP) was enacted to improve the status of the seven million low-income, uninsured children in the U.S. Most states, including Delaware, now offer public health coverage to children in families with incomes below 200 percent of the federal poverty level. The Delaware Healthy Children Program covers regular checkups, doctor and hospital services, prescriptions, and eye care.*

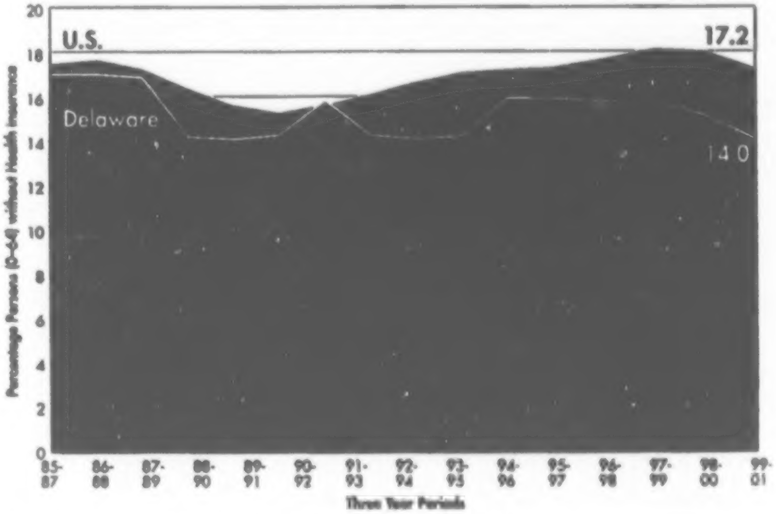
SUSSEX BARN
Sussex County

---

[1] Stoll, Kathleen. "The Health Care Safety Net: Millions of Low-Income People Left Uninsured." Families USA Special Report No. SR-104: July 2001.

**Lack of Health Care Coverage**

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

**put data into action**

Strategies for community-based organizations working to ensure that all families who use their facilities are provided with information about health care coverage:

1. Educate staff about the benefits of children's health insurance programs so they can inform families about the importance of insuring their children.
2. Establish a system to identify all families with uninsured children who use your program.
3. Develop a system to enroll all the children who are identified as uninsured (this may mean linking them to enrollment sites outside your agency).
4. Follow-up with families to make sure their applications are complete, they are not experiencing problems with the application process, and they have received an insurance card.
5. Follow-up with families to make sure they fully understand their benefits, are accessing health services, and have chosen a primary care physician.

**For more information see**

Tables 54–55 p. 135–136

www.familiesusa.org

# Child Support

DELAWARE COMPARED TO U.S. AVERAGE
**SIMILAR**

RECENT TREND IN DELAWARE GETTING
**WORSE**

*Child support enforcement programs have been developed to ensure that both parents take responsibility for the support of their children. Children living in a household with one parent, especially the mother, are more likely to have family incomes below the poverty line than children living in two-parent households. The number of children living in two-parent households has decreased in the last couple of decades, with the majority of single-parent households being headed by the mother.[1] In Delaware in 2000, 26 percent of children lived with only their mothers, while 7 percent lived with only their fathers.[2] The amount of money to be paid by the non-custodial parent is based on standardized guidelines that consider the incomes of both parents, the needs of the child, and whether or not there are other additional dependents.[3]*

---

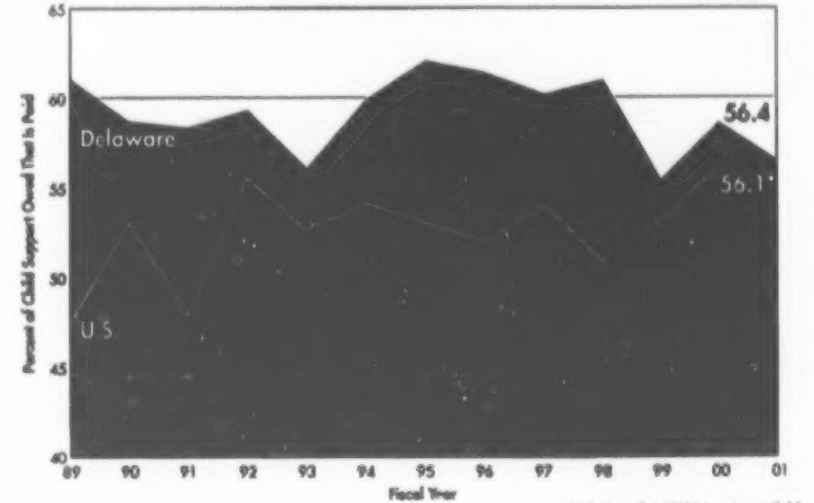
[1] America's Children 2001 Report. Available at www.childstats.gov

[2] U.S. Census Bureau

[3] "Fact Sheet." Office of Child Support Enforcement. U.S. Department of Health and Human Services. Available at: www.acf.dhhs.gov/programs/cse/

## Child Support That Is Paid

Delaware Compared to U.S.

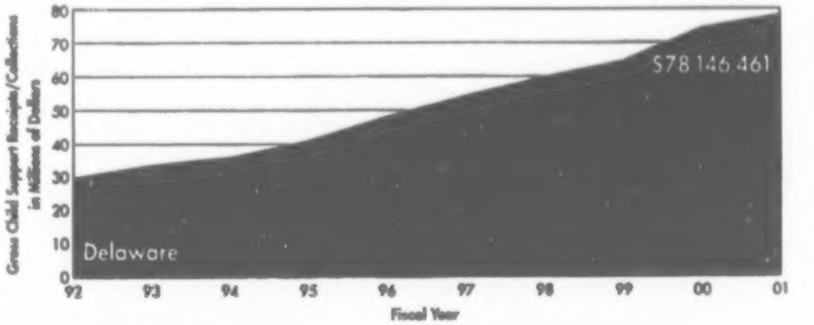


* U.S. Data for 2001 is not available

Source: Division of Child Support Enforcement

## Child Support Collections

Delaware



Source: Division of Child Support Enforcement

Sussex County

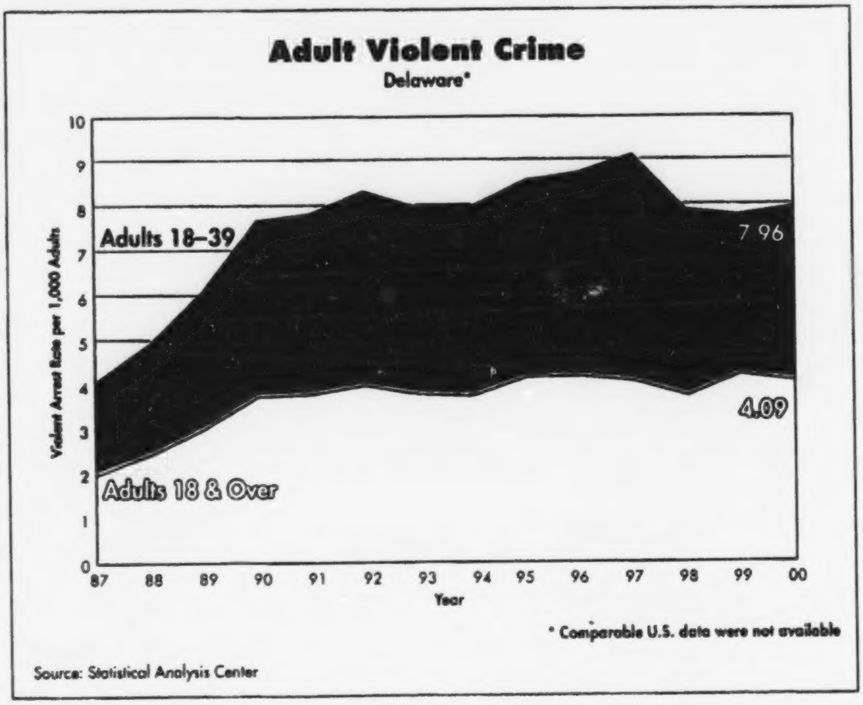
For more information see
Table 62 p. 138
www.connectforkids.org

# Adult Crime

*Violent crime rates have declined since 1994, reaching the lowest level ever recorded by the National Crime Victimization Survey in 2000.*[1] *Even so, violence affects the quality of life of young people who experience, witness, or feel threatened by it. All types of adult crime also affect the nearly 1.5 million children in the U.S. who have a parent in prison. Over the past eight years, there has been a 98 percent increase in the number of minors with a mother in prison and a 58 percent increase for those with a father in prison.*[2] *While 40 percent of the incarcerated fathers and 60 percent of the mothers said they have weekly contact with their children, it is usually by phone or mail and not in person.*[2]

[1] Bureau of Justice Statistics. Available at: www.ojp.usdoj.gov/bjs/cvict_c.htm#trends

[2] Frieden, Terry. "Almost 1.5 Million U.S. Children Have a Parent in Prison, Study Shows." CNN, Washington. August 30, 2000. Available at: www.cnn.com


**Adult Violent Crime**

Delaware*

* Comparable U.S. data were not available

Source: Statistical Analysis Center

## Did you know?

Forty percent of the incarcerated fathers and 60 percent of the mothers said they have weekly contact with their children, often by phone or mail. However, a majority of all imprisoned parents reported never having a personal visit with their children since they were imprisoned.

Source: www.cnn.com

put
data
into
action

**Monitor your child's TV habits**

The typical American child watches 28 hours of television each week, and by the age of 18 will have seen 16,000 simulated murders and 200,000 acts of violence. Some cartoons average more than 80 violent acts per hour.

Source: The Future of Children- Fast Facts. Available at: www.futureofchildren.org/info-url2832/info-url_list.htm

**For more information see**
Tables 38–39 p. 129
www.millionmommarch.com

# Domestic Violence

*Domestic violence is defined as a pattern of controlling and assaultive behaviors that occur within the context of adult, intimate relationships. Department of Justice statistics confirm that women are battered much more than men, and according to data from the National Violence Against Women Survey, violence against women is predominantly intimate partner violence. Of the women who reported being raped and/or physically assaulted since the age of eighteen, 75% were victimized by a current or former husband, cohabiting partner, date, or boyfriend.*[1] *In Delaware, domestic violence accounts for one-third of violent crime.*

*Obstacles preventing victims from leaving abusive relationships include economic dependence, children, isolation, emotional and/or psychological attachment to the abuser, shame, past failures of the system to respond, religious and societal pressures, the cycle of violence, hope for change, fear, and danger.*

*The emotional toll on children who witness threats or violence against others can be substantial, especially when those involved are familiar to the child and the violence takes place in the home—a place where children should feel safe. Children can be harmed when they witness domestic violence, regardless of whether or not they are directly abused themselves.*

---

[1] National Institute of Justice and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 1998. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, 12.

**Definitions:**

**Domestic Violence** – The defendant or victim in a family violence case may be male or female, child or adult, or may be of the same sex. Family violence is any criminal offense or violation involving the threat of physical injury or harm; act of physical injury; homicide; sexual contact, penetration or intercourse; property damage; intimidation; endangerment, and unlawful restraint.

SAT ON A W
DUMPTY HAD A GREAT FALL
ALL
KING'S
ALL
Kent County

**Child Present** – A child is present at the time of the incident, as reported by the police.

**Active PFA Order** – Incidents in which there are any active court orders such as Custody, Protection from Abuse orders, No Contact orders, or other court orders.

## Domestic Incident Reports

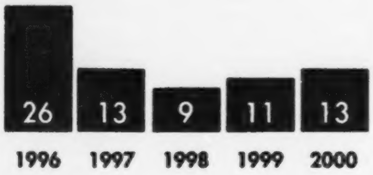
Delaware, 2000

| | |
|---|---|
| Criminal Only | 15,835 reports |
| Combined Criminal and Non-criminal | 26,250 reports |
| Percent of Reports with a Child Present | 12.9% |
| Percent of Reports with an Active Protection from Abuse Court Order | 4% |

Source: Dept. of Public Safety, Division of State Police

## Deaths as a Result of Domestic Violence

Delaware, 1996-2000



Source: Dept. of Public Safety, Division of State Police

## *Did You Know?*

A new study published in the Journal of the American Medical Association indicates that many girls in high school (one in five) have been physically or sexually abused on a date. Girls who reported either physical or sexual abuse or both also tended to report other problems including: cigarette, alcohol, and/or drug use; binge eating/purging or use of diet pills; early and/or high sexual activity; or having considered or attempted suicide.

Source: Journal of the American Medical Association, Vol. 286, No. 5. Aug. 1, 2001. Pgs. 572-579.

**put data into action**

You can donate old cell phones to aid in the fight against domestic violence. Wireless phones are reprogrammed with emergency phone numbers and redistributed free of charge to victims in need. If you have a cell phone that you would like to donate, please visit: www.donateaphone.com.

Resources and referrals for victims of domestic violence are listed on the Delaware Coalition Against Domestic Violence website at www.dcadv.org or they can be contacted by phone at 302-658-2958.

**For more information see**

Table 73 p. 144

www.stoptheviolence.org

14
athletic
99

# KIDS COUNT IN DELAWARE

## *Other Issues Affecting Delaware Communities: Social Capital*

# Social Capital

## Get Together Delaware: Delaware's Social Capital Initiative

*In the Fall of 2000, the Division of State Service Centers of the Delaware Department of Health & Social Services partnered with the Delaware Community Foundation and the Family Services Cabinet Council to sponsor a statewide survey to assess Delaware's social capital. This survey was also conducted on the national level by the Saguaro Seminar: Civic Engagement in America of the John F. Kennedy School of Government at Harvard University.*

Wilmington

**What is social capital?** *Social capital is the term used to describe the social networks, norms, and trust that exist between people and enable them to accomplish common goals.*

**Why is social capital important?** *Research has shown that communities with a high degree of social capital also tend to have better schools, higher educational achievement, faster economic growth, more responsive government, and less crime and violence. People living in these communities are happier, healthier and live longer.*

**How does social capital make communities more effective?** *Increased social ties within a community strengthen shared values. Shared values lead to increased civic engagement. Increased civic engagement leads to more effective communities.*

### The Social Capital Benchmark Survey

In Delaware, 1383 telephone surveys were completed – a sufficiently large sample to yield statistically valid results for comparisons between counties, as well as along age and race dimensions. Respondents were asked 66 questions targeted to address various aspects of social capital, such as:

- Trust in other people and trust in institutions
- Sense of community
- Group/organizational membership
- Volunteerism and giving
- Barriers to community involvement

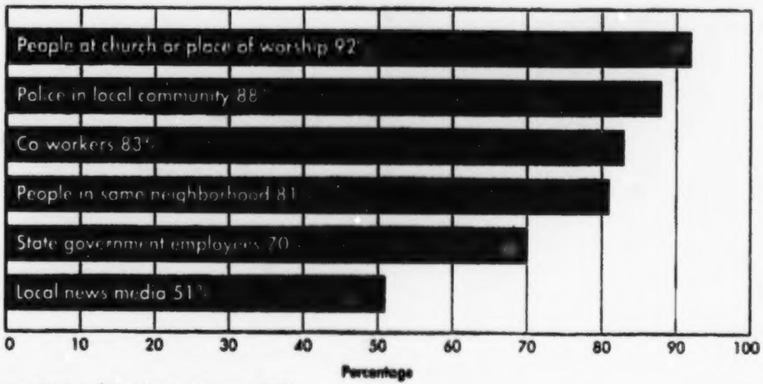
The benchmark survey provides a basis from which to begin a community dialogue regarding social capital, its significance in building and maintaining strong and healthy communities, and the dynamics of social capital in Delaware, as well as a comparison with the United States overall.

Source: Get Together Delaware: Delaware's Social Capital Initiative. An Overview of Survey Findings. May 2001. Celeste Anderson and Rebecca Wykoff, Ph.D.

put data into action

For more information on survey findings or to request a copy of the report, *Get Together Delaware: Delaware's Social Capital Initiative,* call Dr. Rebecca J. Wykoff at (302) 577-4965 x 272.
Get Together Delaware: www.gettogetherdelaware.com

## *Significant Findings*



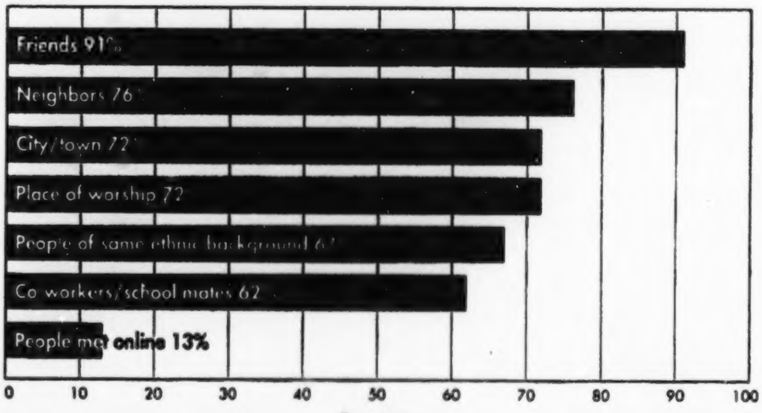
**Whom Do You Trust?**

Delaware, 2000

Source: Division of State Service Centers, DHSS

### *Social Trust*

People tend to be quite trusting of others with whom they are familiar: people at their church or place of worship, co-workers, and neighbors. Delawareans trust the police in their local neighborhood at very high levels, even more than their neighbors or co-workers. Lower levels of trust were expressed regarding institutions such as government and the media; however, local government was trusted at much higher levels to "do what's right" than the federal government.



**Sense of Community**

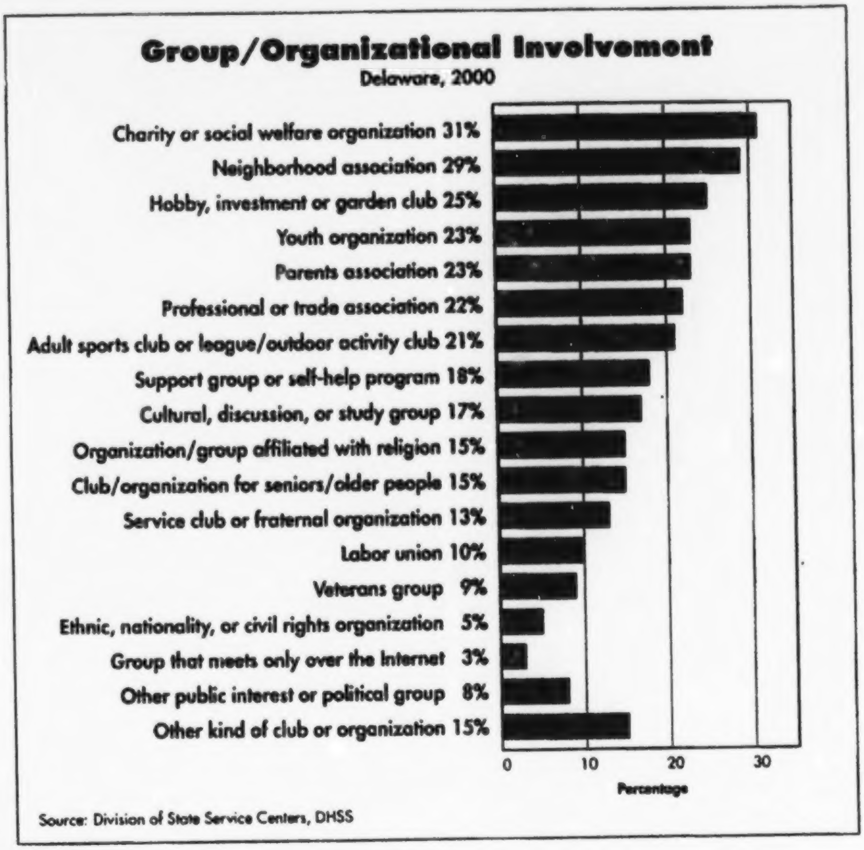
Delaware, 2000

Source: Division of State Service Centers. DHSS

### *Sense of Community*

Delawareans get a sense of community from variety of sources, including their friends, their neighborhood, their workplace, community organizations - even from the Internet.

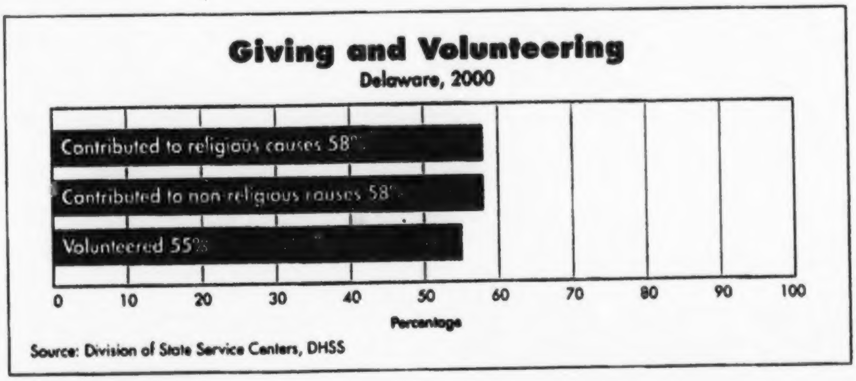
# Social Capital



Source: Division of State Service Centers, DHSS

### *Group/Organizational Memberships*

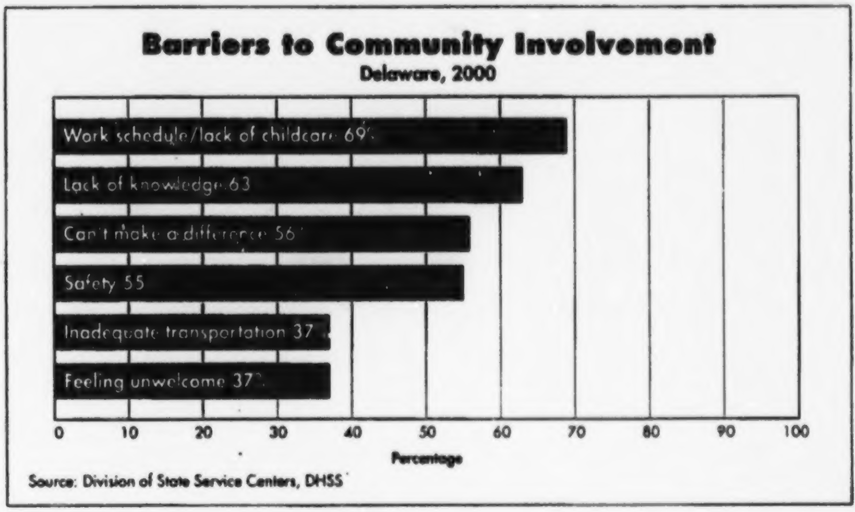
The number and types of associations and groups that people join are indicative of social ties to their communities. Delawareans are active in a variety of social, civic, charitable, and religious groups, as illustrated by the above chart.



Source: Division of State Service Centers, DHSS

### *Volunteer Activities*

Delawareans are generous with their time and money. More than one-half had volunteered during the past year and nearly three-fifths had made charitable contributions to either religious or non-religious causes. Significant numbers of Delawareans had volunteered for their place of worship, school or youth programs, organizations to help the poor or needy, neighborhood or civic groups, organizations for health care or fighting particular diseases, and arts and cultural organizations.

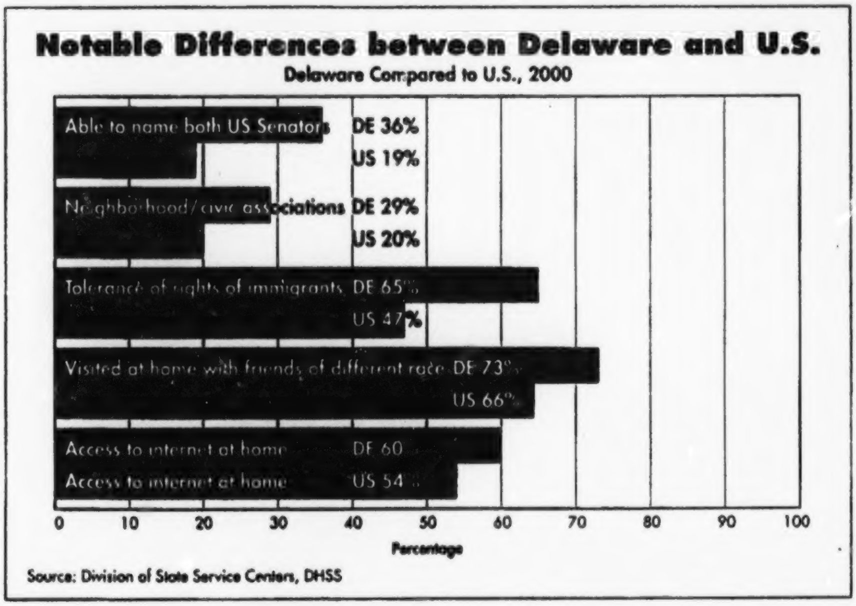


**Barriers to Community Involvement**
Delaware, 2000

Source: Division of State Service Centers, DHSS

### *Barriers to Community Involvement*

Social capital relies greatly upon the active engagement or involvement of people in social life. However, barriers to community involvement prevent a significant number of people from engaging with others. Of the survey respondents who perceived barriers to community involvement, inflexible or demanding work schedules, inadequate childcare, and inadequate transportation were cited as constraints. On a more perceptual level, significant numbers felt they could not make a difference, were concerned for their safety, and/or felt unwelcome.



**Notable Differences between Delaware and U.S.**
Delaware Compared to U.S., 2000

Source: Division of State Service Centers, DHSS

### *How Did Delaware Compare to the Nation?*

Delaware was very similar to the nation in most aspects of social capital, with some notable exceptions. Specifically, Delaware residents are more likely to have entertained or visited in the home of friends of a different race and were more tolerant of immigrants. More Delaware respondents belong to neighborhood or civic associations; they are also more aware of political figures. A higher percentage of Delawareans have access to the Internet in their homes.

# KIDS COUNT IN DELAWARE
# FAMILIES COUNT IN DELAWARE

## *Data Tables*

DELAW
GO

Table 1:

# Population

## Population Census Counts for Delaware and Counties, 2000

| Gender/Race | 0-4 | 5-9 | 10-14 | 15-19 | 20-64 | 65+ | Total | % 0-19 | % 20-64 | % 65+ | % Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Delaware** | 51,531 | 55,813 | 55,274 | 55,632 | 463,624 | 101,726 | 783,600 | 27.9 | 59.2 | 13.0 | 100.0 |
| Male | 26,278 | 28,712 | 28,302 | 27,944 | 226,439 | 42,866 | 380,541 | 14.2 | 28.9 | 5.5 | 48.6 |
| White | 17,797 | 19,511 | 19,701 | 19,564 | 173,222 | 37,710 | 287,505 | 9.8 | 22.1 | 4.8 | 36.7 |
| Black | 6,725 | 7,537 | 7,237 | 6,925 | 41,743 | 4,536 | 74,703 | 3.6 | 5.3 | 0.6 | 9.5 |
| Hispanic* | 2,272 | 2,016 | 1,637 | 1,942 | 11,622 | 500 | 19,989 | 1.0 | 1.5 | 0.1 | 2.6 |
| Female | 25,253 | 27,101 | 26,972 | 27,688 | 237,185 | 58,860 | 403,059 | 13.7 | 30.3 | 7.5 | 51.4 |
| White | 16,940 | 18,519 | 18,615 | 19,515 | 178,360 | 51,167 | 303,116 | 9.4 | 22.8 | 6.5 | 38.7 |
| Black | 6,616 | 7,107 | 7,022 | 6,821 | 47,981 | 6,902 | 82,449 | 3.5 | 6.1 | 0.9 | 10.5 |
| Hispanic* | 2,245 | 1,954 | 1,537 | 1,538 | 9,402 | 612 | 17,288 | 0.9 | 1.2 | 0.1 | 2.2 |
| **New Castle** | 33,384 | 36,150 | 34,961 | 36,309 | 301,558 | 57,903 | 500,265 | 18.0 | 38.5 | 7.4 | 63.8 |
| Male | 17,089 | 18,569 | 18,046 | 18,128 | 147,476 | 23,635 | 242,943 | 9.2 | 18.8 | 3.0 | 31.0 |
| White | 11,396 | 12,351 | 12,270 | 12,696 | 110,648 | 20,523 | 179,884 | 6.2 | 14.1 | 2.6 | 23.0 |
| Black | 4,431 | 5,023 | 4,797 | 4,386 | 28,501 | 2,704 | 49,842 | 2.4 | 3.6 | 0.3 | 6.4 |
| Hispanic* | 1,575 | 1,460 | 1,177 | 1,386 | 8,000 | 334 | 13,932 | 0.7 | 1.0 | 0.0 | 1.8 |
| Female | 16,295 | 17,581 | 16,915 | 18,181 | 154,082 | 34,268 | 257,322 | 8.8 | 19.7 | 4.4 | 32.8 |
| White | 10,746 | 11,751 | 11,368 | 12,947 | 113,359 | 29,465 | 189,636 | 6.0 | 14.5 | 3.8 | 24.2 |
| Black | 4,362 | 4,793 | 4,589 | 4,247 | 32,898 | 4,321 | 55,210 | 2.3 | 4.2 | 0.6 | 7.0 |
| Hispanic* | 1,537 | 1,401 | 1,103 | 1,142 | 6,757 | 421 | 12,361 | 0.7 | 0.9 | 0.1 | 1.6 |
| **Kent** | 9,138 | 9,703 | 10,063 | 9,843 | 73,149 | 14,801 | 126,697 | 4.9 | 9.3 | 1.9 | 16.2 |
| Male | 4,611 | 5,005 | 5,071 | 4,859 | 35,226 | 6,298 | 61,070 | 2.5 | 4.5 | 0.8 | 7.8 |
| White | 3,196 | 3,488 | 3,582 | 3,270 | 27,010 | 5,280 | 45,826 | 1.7 | 3.4 | 0.7 | 5.8 |
| Black | 1,190 | 1,338 | 1,291 | 1,423 | 6,914 | 921 | 13,077 | 0.7 | 0.9 | 0.1 | 1.7 |
| Hispanic* | 251 | 194 | 199 | 205 | 1,124 | 78 | 2,051 | 0.1 | 0.1 | 0.0 | 0.3 |
| Female | 4,527 | 4,698 | 4,992 | 4,984 | 37,923 | 8,503 | 65,627 | 2.5 | 4.8 | 1.1 | 8.4 |
| White | 3,078 | 3,320 | 3,535 | 3,310 | 28,094 | 7,160 | 48,497 | 1.7 | 3.6 | 0.9 | 6.2 |
| Black | 1,242 | 1,184 | 1,269 | 1,508 | 8,231 | 1,167 | 14,601 | 0.7 | 1.1 | 0.1 | 1.9 |
| Hispanic* | 242 | 245 | 196 | 183 | 1,058 | 94 | 2,018 | 0.1 | 0.1 | 0.0 | 0.3 |
| **Sussex** | 9,009 | 9,960 | 10,250 | 9,480 | 88,917 | 29,022 | 156,638 | 4.9 | 11.3 | 3.7 | 20.0 |
| Male | 4,578 | 5,138 | 5,185 | 4,957 | 43,737 | 12,933 | 76,528 | 2.5 | 5.6 | 1.7 | 9.8 |
| White | 3,205 | 3,672 | 3,849 | 3,598 | 35,564 | 11,907 | 61,795 | 1.8 | 4.5 | 1.5 | 7.9 |
| Black | 1,104 | 1,176 | 1,149 | 1,116 | 6,328 | 911 | 11,784 | 0.6 | 0.8 | 0.1 | 1.5 |
| Hispanic* | 446 | 362 | 261 | 351 | 2,498 | 88 | 4,006 | 0.2 | 0.3 | 0.0 | 0.5 |
| Female | 4,431 | 4,822 | 5,065 | 4,523 | 45,180 | 16,089 | 80,110 | 2.4 | 5.8 | 2.1 | 10.2 |
| White | 3,116 | 3,448 | 3,712 | 3,258 | 36,907 | 14,542 | 64,983 | 1.7 | 4.7 | 1.9 | 8.3 |
| Black | 1,012 | 1,130 | 1,164 | 1,066 | 6,852 | 1,414 | 12,638 | 0.6 | 0.9 | 0.2 | 1.6 |
| Hispanic* | 466 | 308 | 238 | 213 | 1,587 | 97 | 2,909 | 0.2 | 0.2 | 0.0 | 0.4 |

*Persons of Hispanic Origin may be of any race.
Racial breakdown may not total gender breakdown due to omission of Other races.
Figures for White and Black include persons listing only one race and persons listing multiple races. See Delaware Population Consortium, Annual Population Projections, Version 2001.0 for details.
Sources: US Census Bureau and Delaware Population Consortium

Table 2:

## Population of Delaware Cities

### Population Census Counts for Delaware and Counties, 2000

| Gender | 0-4 | 5-9 | 10-14 | 15-19 | 20-64 | 65+ | Total | % 0-19 | % 20-64 | % 65+ | % Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Newark | 854 | 1,004 | 1,074 | 5,386 | 17,683 | 2,609 | 28,610 | 1.1 | 2.3 | 0.3 | 3.7 |
| Male | 439 | 534 | 555 | 2,061 | 8,590 | 975 | 13,154 | 0.5 | 1.1 | 0.1 | 1.7 |
| Female | 415 | 470 | 519 | 3,325 | 9,093 | 1,634 | 15,456 | 0.6 | 1.2 | 0.2 | 2.0 |
| Wilmington | 5,219 | 5,175 | 4,816 | 4,461 | 41,386 | 10,561 | 71,618 | 2.5 | 5.3 | 1.3 | 9.1 |
| Male | 2,623 | 2,680 | 2,466 | 2,305 | 19,641 | 3,607 | 33,322 | 1.3 | 2.5 | 0.5 | 4.3 |
| Female | 2,596 | 2,495 | 2,350 | 2,156 | 21,745 | 6,954 | 38,296 | 1.2 | 2.8 | 0.9 | 4.9 |
| Dover | 2,151 | 2,126 | 2,146 | 2,967 | 18,554 | 4,327 | 32,271 | 1.2 | 2.4 | 0.6 | 4.1 |
| Male | 1,075 | 1,143 | 1,051 | 1,429 | 8,781 | 1,699 | 15,178 | 0.6 | 1.1 | 0.2 | 1.9 |
| Female | 1,076 | 983 | 1,095 | 1,538 | 9,773 | 2,628 | 17,093 | 0.6 | 1.2 | 0.3 | 2.2 |

*Persons of Hispanic Origin may be of any race.
Racial breakdown may not total gender breakdown due to omission of Other races.
Figures for White and Black include persons listing only one race and persons listing multiple races.See Delaware Population Consortium, Annual Population Projections, Version 2001.0 for details.
Sources: US Census Bureau and Delaware Population Consortium

Table 3:

## Hispanic Population Estimates

### Hispanic Population Estimates for Delaware and Counties, 1990–1998

|  | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|---|---|---|---|
| Delaware | 15,530 | 15,348 | 18,418 | 20,692 | 24,234 | 25,609 | 26,972 | 28,332 | 31,158 |
| New Castle | 10,830 | 10,261 | 11,737 | 12,589 | 14,158 | 14,949 | 15,842 | 17,299 | 18,896 |
| Kent | 2,382 | 2,419 | 2,964 | 2,924 | 3,037 | 2,852 | 3,165 | 2,660 | 2,590 |
| Sussex | 2,318 | 2,668 | 3,717 | 5,179 | 7,039 | 7,808 | 7,965 | 8,373 | 9,672 |

Source: Delaware Population Consortium

Table 4:

## Families with Children

### Number and Percent of Families with Children by Marital Status of Parents Delaware and Counties, 2000 Census

| Type of Family | Delaware | | New Castle | | Kent | | Sussex | |
|---|---|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| One Parent | 34,614 | 33 | 21,962 | 33 | 6,261 | 34 | 6,391 | 34 |
| Male head of household | 7,632 | 7 | 4,699 | 7 | 1,453 | 8 | 1,482 | 8 |
| Female head of household | 26,980 | 26 | 17,263 | 26 | 4,808 | 26 | 4,909 | 26 |
| Married | 69,459 | 67 | 45,050 | 67 | 11,963 | 66 | 12,446 | 66 |
| Total | 104,073 | 100 | 67,012 | 100 | 18,224 | 100 | 18,837 | 100 |

Sources: U.S. Census Bureau

Table 5:

## Children and Their Living Arrangements

### Number of Children by Age Groups in Households and Group Quarters, 2000 Census

| Living Arrangement | Total Under Age 18 | Under 5 Years | 5 Years | 6 to 11 Years | 12 to 17 Years |
|---|---|---|---|---|---|
| Children Living in Households | 193,909 | 51,418 | 10,571 | 67,732 | 64,057 |
| Children in Families | 172,150 | 44,276 | 9,296 | 60,839 | 57,739 |
| Children in Married Couple Families | 122,291 | 32,552 | 6,702 | 42,802 | 40,235 |
| Children in Female-Headed Families | 39,387 | 8,947 | 2,072 | 14,435 | 13,933 |
| Children in Male-Headed Families | 10,472 | 2,777 | 522 | 3,602 | 3,571 |
| Children who are relatives or non-relatives of householder | 21,759 | 7,142 | 1,275 | 6,893 | 6,318 |
| Children Living in Group Quarters | 678 | 113 | 20 | 149 | 396 |

Sources: U.S. Census Bureau

Table 6:

# Teen Birth Rates

## Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race U.S., Delaware, and Counties, 1985–2000

| Area/Race | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 | 1996-2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 52.4 | 54.2 | 56.5 | 58.5 | 59.8 | 60.1 | 59.3 | 57.7 | 56.0 | 54.4 | 52.6 | 50.9 |
| White | 43.3 | 45.0 | 47.2 | 49.2 | 50.8 | 51.4 | 51.2 | 50.2 | 49.0 | 47.9 | 46.7 | N/A |
| Black | 103.2 | 106.2 | 109.5 | 111.7 | 112.0 | 110.5 | 106.9 | 101.6 | 96.8 | 92.2 | 87.7 | N/A |
| Delaware | 50.7 | 52.1 | 54.3 | 55.8 | 57.0 | 57.7 | 58.3 | 57.9 | 57.6 | 57.1 | 56.3 | 55.0 |
| White | 34.9 | 35.7 | 36.9 | 37.9 | 39.0 | 39.8 | 40.8 | 40.8 | 41.0 | 40.4 | 39.9 | N/A |
| Black | 114.3 | 116.9 | 121.8 | 123.3 | 122.6 | 120.7 | 117.2 | 113.7 | 111.6 | 110.6 | 108.1 | N/A |
| New Castle | 43.1 | 44.6 | 46.4 | 48.1 | 48.9 | 49.6 | 50.4 | 51.0 | 50.2 | 50.5 | 49.9 | N/A |
| White | 28.0 | 28.6 | 29.4 | 30.4 | 31.4 | 32.5 | 34.0 | 34.9 | 34.0 | 33.8 | 33.4 | N/A |
| Black | 112.3 | 116.6 | 121.1 | 123.0 | 120.2 | 115.2 | 109.6 | 106.1 | 103.7 | 104.1 | 102.2 | N/A |
| Wilmington | N/A | N/A | 138.2 | 144.9 | 150.1 | 150.9 | 152.2 | 152.6 | 152.3 | 147.6 | 142.9 | N/A |
| White | N/A | N/A | 124.1 | 126.2 | 135.7 | 137.1 | 137.4 | 144.3 | 139.1 | 122.6 | 113.8 | N/A |
| Black | N/A | N/A | 158.9 | 168.3 | 172.7 | 173.2 | 174.7 | 172.8 | 174.7 | 173.3 | 169.4 | N/A |
| Kent | 61.3 | 62.3 | 64.2 | 64.3 | 65.9 | 66.1 | 65.5 | 64.2 | 63.1 | 61.1 | 61.3 | N/A |
| White | 52.6 | 52.3 | 52.9 | 53.1 | 53.9 | 53.1 | 51.3 | 49.9 | 48.6 | 46.9 | 46.9 | N/A |
| Black | 88.6 | 92.4 | 97.2 | 95.3 | 99.6 | 102.5 | 105.7 | 105.4 | 107.8 | 105.4 | 107.3 | N/A |
| Sussex | 73.9 | 74.7 | 79.2 | 81.2 | 82.7 | 83.6 | 83.2 | 79.4 | 81.5 | 78.6 | 75.5 | N/A |
| White | 49.1 | 51.7 | 55.5 | 56.5 | 58.0 | 58.0 | 58.6 | 55.6 | 60.8 | 58.8 | 57.2 | N/A |
| Black | 155.8 | 151.6 | 158.2 | 162.2 | 162.2 | 165.0 | 159.5 | 152.3 | 146.6 | 141.3 | 131.9 | N/A |

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 7:

## Teen Birth Rates (15-17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–17
U.S., Delaware, and Counties, 1985–2000

| Area | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 | 1996-2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 32.6 | 33.8 | 35.5 | 36.7 | 37.6 | 37.8 | 37.5 | 36.5 | 35.3 | 33.8 | 32.1 | 30.3 |
| Delaware | 35.8 | 37.1 | 37.9 | 39.2 | 39.3 | 40.3 | 40.6 | 41.0 | 40.0 | 39.2 | 37.3 | 35.5 |
| New Castle | 33.1 | 34.3 | 35.4 | 36.7 | 36.8 | 37.6 | 38.5 | 39.3 | 37.9 | 37.3 | 35.6 | N/A |
| Kent | 39.8 | 40.9 | 40.3 | 39.6 | 40.6 | 40.8 | 40.2 | 41.4 | 39.9 | 38.5 | 37.3 | N/A |
| Sussex | 42.1 | 43.7 | 44.9 | 48.1 | 47.4 | 49.6 | 48.3 | 46.4 | 46.8 | 46.2 | 42.9 | N/A |

Sources: Delaware Health Statistics Center; National Center for Health Statistics; Center for Applied Demography and Survey Research, University of Delaware

Table 8:

## Pre- and Young Teen Birth Rates (10-14 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10–14 by Race
U.S., Delaware, and Counties, 1984–1999

| Area/Race | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 1.3 | 1.3 | 1.3 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.3 | 1.3 | 1.2 | 1.1 |
| White | 0.6 | 0.6 | 0.7 | 0.7 | 0.7 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.7 | 0.7 |
| Black | 4.7 | 4.8 | 4.9 | 4.9 | 4.9 | 4.8 | 4.7 | 4.6 | 4.3 | 4.0 | 3.7 | 3.3 |
| Delaware | 1.8 | 1.8 | 1.9 | 2.0 | 2.1 | 2.1 | 2.2 | 2.2 | 2.2 | 2.0 | 2.0 | 1.8 |
| White | 0.6 | 0.7 | 0.7 | 0.8 | 0.8 | 0.8 | 0.7 | 0.8 | 0.8 | 0.8 | 0.7 | 0.8 |
| Black | 5.8 | 5.6 | 5.9 | 6.2 | 6.6 | 6.5 | 7.2 | 7.2 | 7.0 | 6.4 | 6.5 | 5.5 |
| New Castle | 1.7 | 1.6 | 1.7 | 1.9 | 2.1 | 2.0 | 2.1 | 2.1 | 2.1 | 1.9 | 1.9 | 1.6 |
| White | 0.6 | 0.6 | 0.6 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.6 | 0.6 | 0.6 |
| Black | 5.7 | 5.2 | 5.6 | 6.0 | 6.6 | 6.4 | 7.0 | 7.1 | 7.1 | 6.4 | 6.5 | 5.5 |
| Wilmington | N/A | N/A | N/A | 6.0 | 6.6 | 6.7 | 7.4 | 7.6 | 7.6 | 6.9 | 7.0 | 6.1 |
| White | N/A | N/A | N/A | 5.1 | 4.5 | 4.9 | 3.7 | 2.6 | 1.5 | 1.5 | 1.5 | 1.8 |
| Black | N/A | N/A | N/A | 7.0 | 7.9 | 8.0 | 9.2 | 9.9 | 10.1 | 9.2 | 9.4 | 7.9 |
| Kent | 1.4 | 1.4 | 1.7 | 1.9 | 1.8 | 1.9 | 1.9 | 1.8 | 1.8 | 1.7 | 1.7 | 1.8 |
| White | 0.4 | 0.5 | 0.8 | 0.8 | 0.8 | 0.9 | 0.9 | 0.8 | 1.1 | 1.0 | 0.9 | 1.0 |
| Black | 5.1 | 4.7 | 4.9 | 5.9 | 5.3 | 5.3 | 5.6 | 5.0 | 4.3 | 3.8 | 4.1 | 4.2 |
| Sussex | 2.3 | 2.7 | 2.7 | 2.6 | 2.6 | 2.6 | 2.7 | 3.0 | 3.0 | 3.0 | 2.9 | 2.5 |
| White | 0.8 | 1.0 | 1.0 | 1.0 | 0.9 | 0.8 | 0.8 | 1.0 | 1.1 | 1.1 | 1.2 | 1.3 |
| Black | 6.5 | 7.7 | 7.9 | 7.4 | 8.1 | 8.4 | 9.3 | 10.0 | 9.6 | 9.6 | 9.1 | 6.7 |

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 9:

# Teen Mothers Who Are Single

## Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single
## By Race and Hispanic Origin* of Mother
## U.S., Delaware, Counties, 1984–1999

| Area/Race-Hisp. Origin* | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 61.3 | 63.5 | 65.3 | 66.9 | 68.1 | 69.3 | 71.0 | 72.6 | 74.0 | 75.6 | 77.0 | 77.6 |
| White | 48.2 | 51.0 | 53.4 | 55.5 | 57.3 | 59.0 | 61.4 | 63.7 | 65.7 | 67.8 | 69.7 | 70.7 |
| Black | 90.5 | 91.1 | 91.5 | 91.9 | 92.3 | 92.6 | 93.2 | 93.8 | 94.8 | 95.5 | 96.0 | 96.1 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 61.6 | 63.6 | 65.2 | 66.5 | 68.3 | 70.3 | 71.0 |
| Delaware | 70.5 | 73.1 | 76.2 | 78.2 | 80.8 | 83.3 | 86.1 | 86.7 | 88.3 | 89.1 | 89.3 | 89.3 |
| White | 53.0 | 56.2 | 58.6 | 61.2 | 65.2 | 69.3 | 73.8 | 77.3 | 80.2 | 81.5 | 81.7 | 81.9 |
| Black | 90.9 | 92.3 | 92.9 | 94.0 | 94.9 | 95.7 | 96.7 | 97.4 | 97.7 | 97.9 | 97.9 | 97.9 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 70.9 | 73.0 | 75.9 | 76.9 | 79.6 | 81.0 | 80.9 |
| New Castle | 74.9 | 77.8 | 79.4 | 81.4 | 84.1 | 86.4 | 88.8 | 90.6 | 91.6 | 92.5 | 92.6 | 92.5 |
| White | 59.1 | 62.6 | 65.3 | 68.2 | 72.3 | 76.5 | 80.6 | 83.4 | 85.2 | 86.5 | 86.6 | 86.6 |
| Black | 92.6 | 93.9 | 94.1 | 94.8 | 95.7 | 96.4 | 97.2 | 98.0 | 98.4 | 98.6 | 98.6 | 98.5 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 73.0 | 75.5 | 78.3 | 79.1 | 81.3 | 81.3 | 80.5 |
| Wilmington | N/A | N/A | N/A | 91.4 | 92.9 | 93.6 | 95.3 | 96.2 | 96.7 | 96.9 | 97.1 | 96.8 |
| White | N/A | N/A | N/A | 75.0 | 78.2 | 80.9 | 85.8 | 87.3 | 87.4 | 88.5 | 88.8 | 87.1 |
| Black | N/A | N/A | N/A | 98.3 | 98.5 | 98.5 | 98.7 | 98.8 | 100.0 | 100.0 | 100.0 | 100.0 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 77.7 | 81.5 | 83.4 | 84.0 | 85.0 | 86.0 | 84.6 |
| Kent | 59.7 | 62.3 | 65.3 | 67.7 | 71.0 | 75.1 | 78.1 | 80.1 | 81.7 | 82.1 | 81.1 | 81.6 |
| White | 44.1 | 46.4 | 49.2 | 50.9 | 56.1 | 61.6 | 66.3 | 68.4 | 71.9 | 72.3 | 71.0 | 71.4 |
| Black | 86.6 | 88.1 | 90.4 | 92.6 | 94.0 | 95.7 | 96.8 | 97.7 | 97.1 | 96.9 | 95.9 | 96.0 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 80.0 | 75.4 | 76.2 | 77.1 | 78.1 | 76.5 | 79.1 |
| Sussex | 69.0 | 71.1 | 70.9 | 72.8 | 74.5 | 76.0 | 79.6 | 82.6 | 85.5 | 86.7 | 87.8 | 87.9 |
| White | 46.0 | 50.3 | 51.2 | 54.5 | 56.7 | 59.3 | 64.5 | 70.5 | 75.4 | 78.4 | 80.0 | 80.7 |
| Black | 89.4 | 90.8 | 91.3 | 92.6 | 93.1 | 93.7 | 95.1 | 95.6 | 96.1 | 96.8 | 97.5 | 97.6 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 50.9 | 59.2 | 65.2 | 68.5 | 74.6 | 82.5 | 83.1 |

* Persons of Hispanic origin may be of any race

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 10:

# Births by Race, Hispanic Origin, and Age of Mother

## Number and Percent of Live Births by Race, Hispanic Origin, and Age of Mother Delaware, Counties and City of Wilmington, 1999

| Area/Race-Hispanic Origin* | Total Births to All Ages | Births to Teen Mothers 19 years old and under | | Births to Teen Mothers Less than 15 years old | | Births to Teen Mothers 15–17 years old | | Births to Teen Mothers 18–19 years old | |
|---|---|---|---|---|---|---|---|---|---|
| | Total Number | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Delaware | 10,666 | 1,415 | 13.3 | 33 | 0.3 | 496 | 4.7 | 886 | 8.3 |
| White | 7,595 | 750 | 9.9 | 15 | 0.2 | 243 | 3.2 | 492 | 6.5 |
| Black | 2,664 | 630 | 23.6 | 17 | 0.6 | 242 | 9.1 | 371 | 13.9 |
| Other | 407 | 35 | 8.6 | 1 | 0.2 | 11 | 2.7 | 23 | 5.7 |
| Hispanic* | 858 | 143 | 16.7 | 6 | 0.7 | 48 | 5.6 | 89 | 10.4 |
| New Castle | 6,917 | 808 | 11.7 | 16 | 0.2 | 302 | 4.4 | 490 | 7.1 |
| White | 4,884 | 406 | 8.3 | 6 | 0.1 | 147 | 3.0 | 253 | 5.2 |
| Black | 1,758 | 391 | 22.2 | 10 | 0.6 | 152 | 8.6 | 229 | 13.0 |
| Other | 275 | 11 | 4.0 | 0 | 0.0 | 3 | 1.1 | 8 | 2.9 |
| Hispanic* | 545 | 96 | 17.6 | 5 | 0.9 | 35 | 6.4 | 56 | 10.3 |
| Wilmington | 1,228 | 276 | 22.5 | 9 | 0.7 | 107 | 8.7 | 160 | 13.0 |
| White | 419 | 47 | 11.2 | 1 | 0.2 | 22 | 5.3 | 24 | 5.7 |
| Black | 791 | 226 | 28.6 | 8 | 1.0 | 84 | 10.6 | 134 | 16.9 |
| Other | 18 | 3 | 16.7 | 0 | 0.0 | 1 | 5.6 | 2 | 11.1 |
| Hispanic* | 177 | 33 | 18.6 | 1 | 0.6 | 15 | 8.5 | 17 | 9.6 |
| Balance of NC County | 5,689 | 532 | 9.4 | 7 | 0.1 | 195 | 3.4 | 330 | 5.8 |
| White | 4,465 | 359 | 8.0 | 5 | 0.1 | 125 | 2.8 | 229 | 5.1 |
| Black | 967 | 165 | 17.1 | 2 | 0.2 | 68 | 7.0 | 95 | 9.8 |
| Other | 257 | 8 | 3.1 | 0 | 0.0 | 2 | 0.8 | 6 | 2.3 |
| Hispanic* | 368 | 63 | 17.1 | 4 | 1.1 | 20 | 5.4 | 39 | 10.6 |
| Kent | 1,922 | 296 | 15.4 | 9 | 0.5 | 96 | 5.0 | 191 | 9.9 |
| White | 1,388 | 174 | 12.5 | 3 | 0.2 | 50 | 3.6 | 121 | 8.7 |
| Black | 489 | 116 | 23.7 | 5 | 1.0 | 44 | 9.0 | 67 | 13.7 |
| Other | 45 | 6 | 13.3 | 1 | 2.2 | 2 | 4.4 | 3 | 6.7 |
| Hispanic* | 83 | 17 | 20.5 | 1 | 1.2 | 5 | 6.0 | 11 | 13.3 |
| Sussex | 1,827 | 311 | 17.0 | 8 | 0.4 | 98 | 5.4 | 205 | 11.2 |
| White | 1,323 | 170 | 12.8 | 6 | 0.5 | 46 | 3.5 | 118 | 8.9 |
| Black | 417 | 123 | 29.5 | 2 | 0.5 | 46 | 11.0 | 75 | 18.0 |
| Other | 87 | 18 | 20.7 | 0 | 0.0 | 6 | 6.9 | 12 | 13.8 |
| Hispanic* | 230 | 30 | 13.0 | 0 | 0.0 | 8 | 3.5 | 22 | 9.6 |

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

1. Percentages may not add to 100% due to rounding.
2. Percentages are calculated based upon the total number of births in each race group for all ages.
3. Percentages for the race group "Other" may be misleading due to the small number of births in this category.

Source: Delaware Health Statistics Center

Table 11:

## Percentage of Low Birth Weight Births

### Five-Year Average Percentage of All Births that Are Low Birth Weight Births
### U.S. and Delaware, 1985–2000

| Area | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 | 1996-2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 6.9 | 6.9 | 7.0 | 7.0 | 7.1 | 7.1 | 7.2 | 7.2 | 7.3 | 7.4 | 7.5 | 7.5 |
| Delaware | 7.3 | 7.5 | 7.5 | 7.7 | 7.8 | 7.8 | 7.8 | 8.0 | 8.2 | 8.3 | 8.5 | 8.6 |
| New Castle | 7.4 | 7.5 | 7.6 | 7.8 | 8.0 | 8.0 | 8.2 | 8.3 | 8.5 | 8.6 | 8.8 | N/A |
| Wilmington | N/A | N/A | 12.1 | 12.2 | 12.4 | 12.5 | 12.2 | 12.1 | 12.2 | 12.3 | 12.6 | N/A |
| Kent | 7.1 | 7.1 | 7.1 | 7.3 | 7.2 | 7.0 | 7.3 | 7.2 | 7.5 | 7.6 | 8.1 | N/A |
| Sussex | 7.2 | 7.1 | 7.2 | 7.1 | 7.2 | 7.1 | 7.2 | 7.7 | 8.0 | 8.0 | 8.0 | N/A |

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 12:

## Percentage of Very Low Birth Weight Births

### Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births
### U.S. and Delaware, 1984–1999

| | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989–1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 1.2 | 1.2 | 1.2 | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | 1.4 | 1.4 | 1.4 |
| Delaware | 1.6 | 1.6 | 1.6 | 1.7 | 1.7 | 1.7 | 1.6 | 1.6 | 1.6 | 1.7 | 1.7 | 1.8 |
| New Castle | 1.5 | 1.6 | 1.7 | 1.7 | 1.7 | 1.8 | 1.7 | 1.7 | 1.7 | 1.8 | 1.8 | 1.9 |
| Wilmington | N/A | N/A | N/A | 3.2 | 3.1 | 3.1 | 2.9 | 2.8 | 2.9 | 2.8 | 2.8 | 2.9 |
| Kent | 1.5 | 1.5 | 1.4 | 1.6 | 1.6 | 1.4 | 1.4 | 1.5 | 1.5 | 1.6 | 1.7 | 1.8 |
| Sussex | 1.7 | 1.5 | 1.4 | 1.5 | 1.5 | 1.3 | 1.2 | 1.4 | 1.4 | 1.5 | 1.6 | 1.6 |

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 13:

# Low Birth Weight Births by Age, Race and Hispanic Origin of Mother

### Five-Year Average Percentage of Low Birth Weight Births by Age, Race and Hispanic Origin of Mother U.S., Delaware and Counties, 1992–1999

|  | 1992–1996 |  |  |  | 1993–1997 |  |  |  | 1994–1998 |  |  |  | 1995–1999 |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Area/Age | All | White | Black | Hisp.* | All | White | Black | Hisp.* | All | White | Black | Hisp.* | All | White | Black | Hisp.* |
| U.S. | 7.2 | 6.1 | 13.2 | 6.2 | 7.3 | 6.2 | 13.1 | 6.3 | 7.4 | 6.3 | 13.1 | 6.3 | 7.5 | 6.4 | 13.1 | 6.4 |
| Less than 20 | 9.4 | 7.8 | 13.3 | 7.6 | 9.4 | 7.9 | 13.3 | 7.7 | 9.5 | 8.0 | 13.3 | 7.7 | 9.5 | 8.1 | 13.4 | 7.7 |
| 20-24 | 7.3 | 6.0 | 12.0 | 5.8 | 7.3 | 6.2 | 12.0 | 5.8 | 7.4 | 6.2 | 12.0 | 5.9 | 7.4 | 6.3 | 12.0 | 5.9 |
| 25-29 | 6.4 | 5.4 | 12.8 | 5.5 | 6.5 | 5.5 | 12.6 | 5.5 | 6.5 | 5.6 | 12.4 | 5.5 | 6.6 | 5.7 | 12.3 | 5.5 |
| 30+ | 7.2 | 6.1 | 15.1 | 6.6 | 7.3 | 6.3 | 15.0 | 6.7 | 7.4 | 6.4 | 14.9 | 6.8 | 7.5 | 6.5 | 14.8 | 6.8 |
| Delaware | 8.0 | 6.3 | 13.3 | 7.0 | 8.2 | 6.5 | 13.5 | 7.2 | 8.3 | 6.6 | 13.6 | 7.4 | 8.5 | 6.8 | 14.0 | 7.4 |
| Less than 20 | 10.7 | 8.1 | 13.7 | 8.0 | 10.6 | 7.9 | 13.7 | 8.3 | 10.6 | 8.0 | 13.6 | 9.2 | 10.9 | 8.1 | 14.1 | 9.4 |
| 20-24 | 8.3 | 6.0 | 13.1 | 5.7 | 8.5 | 6.3 | 13.0 | 6.0 | 8.6 | 6.4 | 13.3 | 5.6 | 9.0 | 6.6 | 13.8 | 6.0 |
| 25-29 | 7.0 | 5.8 | 12.0 | 7.5 | 7.2 | 5.9 | 13.1 | 8.1 | 7.3 | 5.9 | 13.3 | 8.0 | 7.5 | 6.0 | 14.1 | 7.5 |
| 30+ | 7.6 | 6.5 | 14.8 | 7.7 | 7.9 | 6.8 | 14.5 | 7.1 | 8.0 | 6.9 | 14.5 | 8.2 | 8.2 | 7.0 | 14.4 | 8.2 |
| New Castle | 8.3 | 6.4 | 14.3 | 8.0 | 8.5 | 6.6 | 14.3 | 8.6 | 8.6 | 6.7 | 14.1 | 8.8 | 8.8 | 6.9 | 14.5 | 8.6 |
| Less than 20 | 11.4 | 8.8 | 14.1 | 9.5 | 11.2 | 8.4 | 13.9 | 9.9 | 11.2 | 8.6 | 13.7 | 10.5 | 11.4 | 8.3 | 14.3 | 10.0 |
| 20-24 | 9.2 | 6.4 | 14.3 | 6.5 | 9.4 | 6.8 | 14.1 | 7.4 | 9.6 | 6.8 | 14.4 | 7.4 | 10.0 | 7.1 | 14.7 | 7.2 |
| 25-29 | 7.1 | 5.6 | 13.1 | 8.6 | 7.4 | 5.7 | 14.3 | 9.8 | 7.5 | 5.8 | 13.9 | 9.3 | 7.7 | 6.0 | 14.3 | 8.7 |
| 30+ | 7.7 | 6.5 | 15.7 | 8.0 | 8.0 | 6.8 | 15.2 | 7.5 | 8.1 | 7.0 | 14.5 | 8.6 | 8.3 | 7.2 | 14.7 | 9.3 |
| Wilmington | 12.1 | 6.5 | 15.3 | 8.7 | 12.2 | 6.7 | 15.3 | 8.1 | 12.3 | 7.8 | 14.9 | 9.4 | 12.6 | 7.9 | 15.2 | 9.7 |
| Less than 20 | 13.3 | 10.0 | 14.9 | 11.2 | 13.2 | 9.1 | 15.2 | 10.5 | 13.5 | 10.2 | 17.3 | 11.4 | 14.3 | 11.2 | 19.1 | 11.3 |
| 20-24 | 12.1 | 5.4 | 14.5 | 7.3 | 12.6 | 6.7 | 14.7 | 7.0 | 12.7 | 7.8 | 14.5 | 7.5 | 13.5 | 8.3 | 15.4 | 7.6 |
| 25-29 | 11.1 | 6.0 | 15.1 | 9.4 | 11.7 | 6.0 | 16.0 | 8.6 | 12.2 | 7.0 | 15.9 | 9.3 | 12.2 | 7.3 | 15.9 | 9.7 |
| 30+ | 11.8 | 6.1 | 18.2 | 5.5 | 11.1 | 6.3 | 16.8 | 5.2 | 11.0 | 7.4 | 15.0 | 9.9 | 10.5 | 7.1 | 13.2 | 11.5 |
| Kent | 7.2 | 5.9 | 11.8 | 5.4 | 7.5 | 5.9 | 12.4 | 5.4 | 7.6 | 5.9 | 13.5 | 5.8 | 8.1 | 6.1 | 14.1 | 6.9 |
| Less than 20 | 9.3 | 6.8 | 13.4 | 4.3 | 9.0 | 6.3 | 13.2 | 6.3 | 8.8 | 5.8 | 13.6 | 5.9 | 9.7 | 6.6 | 14.4 | 9.0 |
| 20-24 | 6.9 | 5.2 | 11.5 | 5.0 | 7.3 | 5.6 | 12.0 | 4.8 | 7.7 | 5.8 | 12.8 | 4.6 | 8.0 | 6.0 | 12.9 | 5.4 |
| 25-29 | 6.3 | 5.8 | 8.7 | 7.1 | 6.8 | 6.1 | 10.6 | 5.6 | 7.0 | 5.9 | 13.0 | 6.8 | 7.4 | 5.9 | 14.4 | 5.4 |
| 30+ | 7.5 | 6.2 | 14.0 | 5.7 | 7.5 | 5.9 | 14.1 | 5.7 | 7.6 | 5.9 | 15.3 | 7.4 | 8.0 | 6.3 | 15.4 | 9.8 |
| Sussex | 7.7 | 6.4 | 11.5 | 5.0 | 8.0 | 6.8 | 11.6 | 4.9 | 8.0 | 6.8 | 11.8 | 5.1 | 8.0 | 6.9 | 12.2 | 5.1 |
| Less than 20 | 10.0 | 7.4 | 12.8 | 4.6 | 10.8 | 8.4 | 13.6 | 4.4 | 10.6 | 8.5 | 13.2 | 7.1 | 10.7 | 9.1 | 13.1 | 7.7 |
| 20-24 | 7.4 | 5.8 | 10.9 | 4.3 | 7.5 | 6.0 | 10.7 | 4.3 | 7.3 | 6.0 | 10.4 | 3.4 | 7.6 | 6.1 | 11.7 | 4.2 |
| 25-29 | 7.1 | 6.4 | 10.7 | 4.9 | 7.0 | 6.4 | 10.4 | 5.2 | 6.9 | 6.1 | 11.0 | 5.6 | 7.1 | 6.3 | 12.3 | 5.7 |
| 30+ | 7.1 | 6.4 | 11.4 | 8.0 | 7.8 | 7.2 | 11.3 | 6.7 | 8.1 | 7.4 | 13.3 | 7.5 | 7.6 | 7.1 | 11.3 | 4.3 |

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Source: Delaware Health Statistics Center

Table 14:

# Very Low Birth Weight Births by Age, Race and Hispanic Origin of Mother

### Five-Year Average Percentage of Very Low Birth Weight Births by Age, Race and Hispanic Origin of Mother U.S., Delaware and Counties, 1992–1999

| | 1992–1996 | | | | 1993–1997 | | | | 1994–1998 | | | | 1995–1999 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Area/Age | All | White | Black | Hisp.* | All | White | Black | Hisp.* | All | White | Black | Hisp.* | All | White | Black | Hisp.* |
| U.S. | 1.3 | 1.0 | 3.0 | 1.1 | 1.4 | 1.1 | 3.0 | 1.1 | 1.4 | 1.1 | 3.0 | 1.1 | 1.4 | 1.1 | 3.1 | 1.1 |
| Less than 20 | 1.8 | 1.4 | 2.8 | 1.3 | 1.8 | 1.4 | 2.8 | 1.3 | 1.8 | 1.4 | 2.8 | 1.3 | 1.8 | 1.4 | 2.8 | 1.3 |
| 20-24 | 1.3 | 1.0 | 2.6 | 0.9 | 1.3 | 1.0 | 2.7 | 0.9 | 1.3 | 1.0 | 2.7 | 0.9 | 1.4 | 1.0 | 2.7 | 1.0 |
| 25-29 | 1.2 | 0.9 | 3.0 | 0.9 | 1.2 | 0.9 | 3.0 | 1.0 | 1.2 | 0.9 | 3.0 | 1.0 | 1.2 | 1.0 | 3.1 | 1.0 |
| 30+ | 1.3 | 1.1 | 3.6 | 1.3 | 1.4 | 1.1 | 3.6 | 1.3 | 1.4 | 1.1 | 3.7 | 1.4 | 1.4 | 1.2 | 3.7 | 1.4 |
| Delaware | 1.6 | 1.1 | 3.2 | 1.3 | 1.7 | 1.2 | 3.3 | 1.3 | 1.7 | 1.2 | 3.3 | 1.3 | 1.8 | 1.3 | 3.5 | 1.5 |
| Less than 20 | 2.3 | 1.6 | 3.1 | 1.2 | 2.2 | 1.4 | 3.1 | 0.9 | 2.2 | 1.3 | 3.1 | 0.8 | 2.3 | 1.5 | 3.3 | 1.3 |
| 20-24 | 1.7 | 1.1 | 3.1 | 1.2 | 1.8 | 1.2 | 3.2 | 1.2 | 1.9 | 1.3 | 3.2 | 1.1 | 2.0 | 1.4 | 3.5 | 1.4 |
| 25-29 | 1.4 | 1.1 | 3.0 | 1.3 | 1.5 | 1.1 | 3.3 | 1.7 | 1.6 | 1.2 | 3.3 | 1.6 | 1.6 | 1.2 | 3.6 | 1.7 |
| 30+ | 1.5 | 1.1 | 4.0 | 1.5 | 1.6 | 1.2 | 3.8 | 1.6 | 1.6 | 1.2 | 3.6 | 1.6 | 1.6 | 1.3 | 3.7 | 1.7 |
| New Castle | 1.7 | 1.1 | 3.8 | 1.5 | 1.8 | 1.2 | 3.6 | 1.7 | 1.8 | 1.2 | 3.5 | 1.6 | 1.9 | 1.3 | 3.7 | 1.9 |
| Less than 20 | 2.5 | 1.6 | 3.3 | 1.3 | 2.2 | 1.3 | 3.0 | 1.0 | 2.1 | 1.2 | 3.0 | 1.0 | 2.4 | 1.4 | 3.3 | 1.7 |
| 20-24 | 2.1 | 1.2 | 3.7 | 1.5 | 2.0 | 1.2 | 3.6 | 1.6 | 2.2 | 1.3 | 3.8 | 1.5 | 2.4 | 1.5 | 4.0 | 1.6 |
| 25-29 | 1.5 | 1.1 | 3.5 | 1.4 | 1.6 | 1.1 | 3.8 | 2.1 | 1.7 | 1.2 | 3.6 | 1.8 | 1.7 | 1.2 | 3.8 | 2.1 |
| 30+ | 1.5 | 1.1 | 4.5 | 2.0 | 1.6 | 1.3 | 4.2 | 2.1 | 1.5 | 1.2 | 3.7 | 2.1 | 1.6 | 1.3 | 3.7 | 2.3 |
| Wilmington | 2.9 | 1.3 | 3.8 | 1.8 | 2.8 | 1.5 | 3.6 | 1.9 | 2.8 | 1.8 | 3.4 | 1.8 | 2.9 | 1.9 | 3.5 | 2.3 |
| Less than 20 | 2.9 | 2.1 | 3.4 | 2.4 | 2.7 | 1.2 | 3.8 | 1.5 | 2.8 | 1.4 | 1.2 | 1.6 | 3.2 | 1.8 | 2.9 | 2.1 |
| 20-24 | 2.9 | 1.5 | 3.5 | 1.7 | 2.9 | 1.7 | 3.5 | 1.8 | 2.9 | 2.2 | 3.2 | 2.1 | 3.3 | 2.4 | 3.7 | 2.3 |
| 25-29 | 2.4 | 1.0 | 3.6 | 2.0 | 2.6 | 1.4 | 3.7 | 3.3 | 2.7 | 1.5 | 3.7 | 2.3 | 2.7 | 1.5 | 3.6 | 3.2 |
| 30+ | 3.1 | 1.0 | 4.3 | 0.0 | 2.9 | 1.6 | 3.9 | 1.0 | 2.8 | 1.9 | 4.1 | 0.9 | 2.4 | 1.8 | 3.8 | 1.5 |
| Kent | 1.5 | 1.3 | 2.3 | 1.0 | 1.6 | 1.2 | 2.9 | 1.0 | 1.7 | 1.3 | 3.0 | 1.2 | 1.8 | 1.2 | 3.5 | 1.1 |
| Less than 20 | 2.5 | 2.5 | 2.6 | 1.4 | 2.0 | 2.0 | 2.1 | 1.6 | 2.1 | 2.0 | 2.2 | 1.5 | 1.9 | 1.8 | 2.1 | 1.5 |
| 20-24 | 1.2 | 0.9 | 2.2 | 1.7 | 1.6 | 1.1 | 3.1 | 1.6 | 1.6 | 1.1 | 2.9 | 1.5 | 1.6 | 0.9 | 3.5 | 1.6 |
| 25-29 | 1.2 | 1.2 | 1.1 | 0.0 | 1.5 | 1.3 | 2.0 | 0.0 | 1.5 | 1.3 | 2.5 | 1.4 | 1.7 | 1.2 | 3.4 | 1.1 |
| 30+ | 1.6 | 1.1 | 3.8 | 0.0 | 1.7 | 1.1 | 4.4 | 0.0 | 1.8 | 1.1 | 4.8 | 0.0 | 2.0 | 1.2 | 5.1 | 0.0 |
| Sussex | 1.4 | 1.0 | 2.4 | 1.0 | 1.5 | 1.1 | 2.5 | 0.7 | 1.6 | 1.3 | 2.7 | 0.7 | 1.6 | 1.4 | 2.6 | 0.8 |
| Less than 20 | 2.3 | 0.8 | 3.1 | 0.9 | 2.7 | 1.1 | 3.8 | 0.0 | 2.5 | 1.2 | 4.1 | 0.0 | 2.6 | 1.6 | 4.1 | 0.0 |
| 20-24 | 1.4 | 1.1 | 2.0 | 0.6 | 1.5 | 1.2 | 2.0 | 0.5 | 1.5 | 1.5 | 1.7 | 0.5 | 1.6 | 1.6 | 1.8 | 0.9 |
| 25-29 | 1.1 | 1.1 | 2.5 | 1.8 | 1.0 | 1.0 | 2.8 | 1.4 | 1.3 | 1.0 | 2.9 | 1.2 | 1.3 | 1.0 | 2.8 | 1.0 |
| 30+ | 1.0 | 1.0 | 1.5 | 1.0 | 1.2 | 1.2 | 0.9 | 0.8 | 1.5 | 1.5 | 1.4 | 0.8 | 1.4 | 1.4 | 1.5 | 0.7 |

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

Source: Delaware Health Statistics Center

7

Table 15:

# Prenatal Care

## Five-Year Average Percentage of Mothers Receiving Prenatal Care in the First Trimester of Pregnancy by Race and Hispanic Origin

## U.S., Delaware, Counties, and City of Wilmington, 1987–1999

| Area/Race-Hispanic Origin* | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|
| U.S. | 74.2 | 74.6 | 75.2 | 76.1 | 77.1 | 78.1 | 79.0 | 79.7 | 80.6 |
| White | 77.8 | 78.1 | 78.6 | 79.3 | 80.1 | 81.0 | 81.7 | 82.2 | 83.0 |
| Black | 58.9 | 59.4 | 60.3 | 61.8 | 63.5 | 65.6 | 67.2 | 68.5 | 70.2 |
| Hispanic* | N/A | N/A | 60.9 | 62.7 | 64.7 | 66.8 | 68.5 | 69.8 | 71.3 |
| Delaware | 78.0 | 78.6 | 79.0 | 80.0 | 81.2 | 82.3 | 82.6 | 82.9 | 83.0 |
| White | 84.3 | 84.9 | 84.9 | 85.6 | 86.2 | 86.7 | 86.5 | 86.5 | 86.4 |
| Black | 58.4 | 59.1 | 60.6 | 62.6 | 65.4 | 68.2 | 70.3 | 71.5 | 72.9 |
| Hispanic* | N/A | N/A | 64.5 | 65.2 | 65.6 | 66.8 | 67.3 | 67.8 | 68.7 |
| New Castle | 81.5 | 82.0 | 83.2 | 85.1 | 86.6 | 88.5 | 89.1 | 89.1 | 88.6 |
| White | 87.3 | 88.0 | 88.7 | 90.2 | 91.0 | 92.3 | 92.5 | 92.4 | 91.8 |
| Black | 62.4 | 62.8 | 65.3 | 68.6 | 72.2 | 76.1 | 78.3 | 78.7 | 79.3 |
| Hispanic* | N/A | N/A | 69.1 | 72.7 | 74.2 | 78.0 | 79.3 | 79.8 | 79.7 |
| Wilmington | 66.5 | 66.0 | 68.1 | 71.0 | 73.6 | 77.7 | 79.9 | 79.9 | 79.6 |
| White | 79.5 | 79.6 | 81.1 | 83.1 | 84.3 | 86.9 | 88.1 | 87.9 | 87.0 |
| Black | 59.1 | 58.4 | 60.8 | 64.0 | 67.4 | 72.3 | 75.1 | 75.3 | 75.6 |
| Hispanic* | N/A | N/A | 62.8 | 66.1 | 68.0 | 73.9 | 78.0 | 78.2 | 78.2 |
| Kent | 74.0 | 74.3 | 72.6 | 71.0 | 71.3 | 69.8 | 68.1 | 68.3 | 69.3 |
| White | 79.4 | 79.1 | 77.1 | 74.9 | 74.8 | 73.0 | 71.3 | 71.6 | 72.5 |
| Black | 57.7 | 59.5 | 58.3 | 58.3 | 59.7 | 58.4 | 57.0 | 58.0 | 59.7 |
| Hispanic* | N/A | N/A | 67.3 | 65.8 | 66.9 | 65.1 | 65.0 | 62.0 | 61.3 |
| Sussex | 68.1 | 69.2 | 69.2 | 69.5 | 70.4 | 71.5 | 73.2 | 74.5 | 75.7 |
| White | 76.8 | 78.1 | 78.0 | 78.4 | 79.0 | 79.3 | 79.6 | 80.2 | 80.8 |
| Black | 45.8 | 45.9 | 45.9 | 46.7 | 47.8 | 50.2 | 55.1 | 58.1 | 61.7 |
| Hispanic* | N/A | N/A | 40.7 | 37.8 | 40.2 | 40.6 | 42.4 | 44.3 | 47.1 |

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data was not available prior to the 1989-93 time period.
Source: Delaware Health Statistics Center, National Center for Health Statistics

Table 16:

# Births by Birth Weight, Race and Hispanic Origin of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Race and Hispanic Origin of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1995–1999

| Race/Hisp. Origin | Total | | Adequate | | Intermediate | | Inadequate | | Unknown | |
|---|---|---|---|---|---|---|---|---|---|---|
| Birth Weight (g) | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| All Races | 51,899 | 100.0 | 37,958 | 73.1 | 10,642 | 20.5 | 2,604 | 5.0 | 695 | 1.3 |
| <2500 | 4,436 | 100.0 | 2,915 | 65.7 | 1,037 | 23.4 | 370 | 8.3 | 114 | 2.6 |
| <1500 | 944 | 100.0 | 645 | 68.3 | 188 | 19.9 | 73 | 7.7 | 38 | 4.0 |
| 1500-2499 | 3,492 | 100.0 | 2,270 | 65.0 | 849 | 24.3 | 297 | 8.5 | 76 | 2.2 |
| 2500+ | 47,449 | 100.0 | 35,043 | 73.9 | 9,601 | 20.2 | 2,232 | 4.7 | 573 | 1.2 |
| Unknown | 14 | 100.0 | 0 | 0.0 | 4 | 28.6 | 2 | 14.3 | 8 | 57.1 |
| White | 37,872 | 100.0 | 29,061 | 76.7 | 6,949 | 18.3 | 1,396 | 3.7 | 466 | 1.2 |
| <2500 | 2,558 | 100.0 | 1,843 | 72.0 | 521 | 20.4 | 135 | 5.3 | 59 | 2.3 |
| <1500 | 488 | 100.0 | 362 | 74.2 | 85 | 17.4 | 23 | 4.7 | 18 | 3.7 |
| 1500-2499 | 2,070 | 100.0 | 1,481 | 71.5 | 436 | 21.1 | 112 | 5.4 | 41 | 2.0 |
| 2500+ | 35,301 | 100.0 | 27,218 | 77.1 | 6,424 | 18.2 | 1,259 | 3.6 | 400 | 1.1 |
| Unknown | 13 | 100.0 | 0 | 0.0 | 4 | 30.8 | 2 | 15.4 | 7 | 53.8 |
| Black | 12,499 | 100.0 | 7,849 | 62.8 | 3,317 | 26.5 | 1,135 | 9.1 | 198 | 1.6 |
| <2500 | 1,756 | 100.0 | 993 | 56.5 | 482 | 27.4 | 233 | 13.3 | 48 | 2.7 |
| <1500 | 437 | 100.0 | 269 | 61.6 | 100 | 22.9 | 50 | 11.4 | 18 | 4.1 |
| 1500-2499 | 1,319 | 100.0 | 724 | 54.9 | 382 | 29.0 | 183 | 13.9 | 30 | 2.3 |
| 2500+ | 10,742 | 100.0 | 6,856 | 63.8 | 2,835 | 26.4 | 902 | 8.4 | 149 | 1.4 |
| Unknown | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 |
| Other | 1,528 | 100.0 | 1,048 | 68.6 | 376 | 24.6 | 73 | 4.8 | 31 | 2.0 |
| <2500 | 122 | 100.0 | 79 | 64.8 | 34 | 27.9 | 2 | 1.6 | 7 | 5.7 |
| <1500 | 19 | 100.0 | 14 | 73.7 | 3 | 15.8 | 0 | 0.0 | 2 | 10.5 |
| 1500-2499 | 103 | 100.0 | 65 | 63.1 | 31 | 30.1 | 2 | 1.9 | 5 | 4.9 |
| 2500+ | 1,406 | 100.0 | 969 | 68.9 | 342 | 24.3 | 71 | 5.0 | 24 | 1.7 |
| Unknown | 0 | ... | 0 | ... | 0 | ... | 0 | ... | 0 | ... |
| Hispanic* | 3,530 | 100.0 | 2,115 | 59.9 | 1,048 | 29.7 | 287 | 8.1 | 80 | 2.3 |
| <2500 | 262 | 100.0 | 159 | 60.7 | 71 | 27.1 | 22 | 8.4 | 10 | 3.8 |
| <1500 | 53 | 100.0 | 32 | 60.4 | 11 | 20.8 | 5 | 9.4 | 5 | 9.4 |
| 1500-2499 | 209 | 100.0 | 127 | 60.8 | 60 | 28.7 | 17 | 8.1 | 5 | 2.4 |
| 2500+ | 3,267 | 100.0 | 1,956 | 59.9 | 977 | 29.9 | 264 | 8.1 | 70 | 2.1 |
| Unknown | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 |

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

Source: Delaware Health Statistics Center

Table 17:

# Births by Birth Weight, Age of Mother and Adequacy of Prenatal Care

## Number and Percent of Live Births by Age of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1995–1999

| Age/ | Total | | Adequate | | Intermediate | | Inadequate | | Unknown | |
|---|---|---|---|---|---|---|---|---|---|---|
| Birth Weight (g) | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Less than 20 yrs. | 6,915 | 100.0 | 4,040 | 58.4 | 2,102 | 30.4 | 655 | 9.5 | 118 | 1.7 |
| <2500 | 755 | 100.0 | 392 | 51.9 | 234 | 31.0 | 110 | 14.6 | 19 | 2.5 |
| <1500 | 162 | 100.0 | 95 | 58.6 | 37 | 22.8 | 25 | 15.4 | 5 | 3.1 |
| 1500-2499 | 593 | 100.0 | 297 | 50.1 | 197 | 33.2 | 85 | 14.3 | 14 | 2.4 |
| 2500+ | 6,159 | 100.0 | 3,648 | 59.2 | 1,867 | 30.3 | 545 | 8.8 | 99 | 1.6 |
| Unknown | 1 | 100.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 20-24 Years | 11,634 | 100.0 | 7,794 | 67.0 | 2,823 | 24.3 | 833 | 7.2 | 184 | 1.6 |
| <2500 | 1,046 | 100.0 | 674 | 64.4 | 243 | 23.2 | 104 | 9.9 | 25 | 2.4 |
| <1500 | 237 | 100.0 | 156 | 65.8 | 52 | 21.9 | 23 | 9.7 | 6 | 2.5 |
| 1500-2499 | 809 | 100.0 | 518 | 64.0 | 191 | 23.6 | 81 | 10.0 | 19 | 2.3 |
| 2500+ | 10,586 | 100.0 | 7,120 | 67.3 | 2,580 | 24.4 | 727 | 6.9 | 159 | 1.5 |
| Unknown | 2 | 100.0 | 0 | 0.0 | 0 | 0.0 | 2 | 100.0 | 0 | 0.0 |
| 25-29 Years | 14,401 | 100.0 | 11,085 | 77.0 | 2,575 | 17.9 | 553 | 3.8 | 188 | 1.3 |
| <2500 | 1,086 | 100.0 | 748 | 68.9 | 244 | 22.5 | 63 | 5.8 | 31 | 2.9 |
| <1500 | 233 | 100.0 | 170 | 73.0 | 41 | 17.6 | 9 | 3.9 | 13 | 5.6 |
| 1500-2499 | 853 | 100.0 | 578 | 67.8 | 203 | 23.8 | 54 | 6.3 | 18 | 2.1 |
| 2500+ | 13,308 | 100.0 | 10,337 | 77.7 | 2,330 | 17.5 | 490 | 3.7 | 151 | 1.1 |
| Unknown | 7 | 100.0 | 0 | 0.0 | 1 | 14.3 | 0 | 0.0 | 6 | 85.7 |
| 30-34 Years | 12,812 | 100.0 | 10,190 | 79.5 | 2,123 | 16.6 | 362 | 2.8 | 137 | 1.1 |
| <2500 | 992 | 100.0 | 718 | 72.4 | 201 | 20.3 | 51 | 5.1 | 22 | 2.2 |
| <1500 | 199 | 100.0 | 146 | 73.4 | 39 | 19.6 | 7 | 3.5 | 7 | 3.5 |
| 1500-2499 | 793 | 100.0 | 572 | 72.1 | 162 | 20.4 | 44 | 5.5 | 15 | 1.9 |
| 2500+ | 11,818 | 100.0 | 9,472 | 80.1 | 1,921 | 16.3 | 311 | 2.6 | 114 | 1.0 |
| Unknown | 2 | 100.0 | 0 | 0.0 | 1 | 50.0 | 0 | 0.0 | 1 | 50.0 |
| 35+ Years | 6,137 | 100.0 | 4,849 | 79.0 | 1,019 | 16.6 | 201 | 3.3 | 68 | 1.1 |
| <2500 | 557 | 100.0 | 383 | 68.8 | 115 | 20.6 | 42 | 7.5 | 17 | 3.1 |
| <1500 | 113 | 100.0 | 78 | 69.0 | 19 | 16.8 | 9 | 8.0 | 7 | 6.2 |
| 1500-2499 | 444 | 100.0 | 305 | 68.7 | 96 | 21.6 | 33 | 7.4 | 10 | 2.3 |
| 2500+ | 5,578 | 100.0 | 4,466 | 80.1 | 903 | 16.2 | 159 | 2.9 | 50 | 0.9 |
| Unknown | 2 | 100.0 | 0 | 0.0 | 1 | 50.0 | 0 | 0.0 | 1 | 50.0 |

Source: Delaware Health Statistics Center

Table 18:

## Births by Birth Weight, Marital Status, and Adequacy of Prenatal Care

### Number and Percent of Live Births by Marital Status, Birth Weight in Grams, and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group), Delaware, 1995–1999

| Marital Status | Total | | Adequate | | Intermediate | | Inadequate | | Unknown | |
|---|---|---|---|---|---|---|---|---|---|---|
| Birth Weight (g) | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Married | 32,957 | 100.0 | 26,215 | 79.5 | 5,513 | 16.7 | 843 | 2.6 | 386 | 1.2 |
| <2500 | 2,238 | 100.0 | 1,709 | 76.4 | 409 | 18.3 | 63 | 2.8 | 57 | 2.5 |
| <1500 | 459 | 100.0 | 367 | 80.0 | 63 | 13.7 | 9 | 2.0 | 20 | 4.4 |
| 1500-2499 | 1,779 | 100.0 | 1,342 | 75.4 | 346 | 19.4 | 54 | 3.0 | 37 | 2.1 |
| 2500+ | 30,708 | 100.0 | 24,506 | 79.8 | 5,100 | 16.6 | 778 | 2.5 | 324 | 1.1 |
| Unknown | 11 | 100.0 | 0 | 0.0 | 4 | 36.4 | 2 | 18.2 | 5 | 45.5 |
| Single | 18,942 | 100.0 | 11,743 | 62.0 | 5,129 | 27.1 | 1,761 | 9.3 | 309 | 1.6 |
| <2500 | 2,198 | 100.0 | 1,206 | 54.9 | 628 | 28.6 | 307 | 14.0 | 57 | 2.6 |
| <1500 | 485 | 100.0 | 278 | 57.3 | 125 | 25.8 | 64 | 13.2 | 18 | 3.7 |
| 1500-2499 | 1,713 | 100.0 | 928 | 54.2 | 503 | 29.4 | 243 | 14.2 | 39 | 2.3 |
| 2500+ | 16,741 | 100.0 | 10,537 | 62.9 | 4,501 | 26.9 | 1,454 | 8.7 | 249 | 1.5 |
| Unknown | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 3 | 100.0 |

Source: Delaware Health Statistics Center

Table 19:

## Infant, Neonatal and Postneonatal Mortality Rates

### Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates U.S. and Delaware, 1992–1999

| | 1992–1996 | | | 1993–1997 | | | 1994–1998 | | | 1995–1999 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Area/Race | Infant | Neonatal | Postneonatal | Infant | Neonatal | Postneonatal | Infant | Neonatal | Postneonatal | Infant | Neonatal | Postneonatal |
| U.S. | 8.0 | 5.1 | 2.9 | 7.7 | 5.0 | 2.7 | 7.5 | 4.9 | 2.6 | 7.3 | 4.8 | 2.5 |
| White | 6.5 | 4.2 | 2.4 | 6.4 | 4.1 | 2.3 | 6.2 | 4.0 | 2.1 | 6.0 | 4.0 | 2.0 |
| Black | 15.8 | 10.2 | 5.6 | 15.3 | 9.9 | 5.4 | 14.8 | 9.7 | 5.1 | 14.6 | 9.6 | 5.0 |
| Delaware | 7.9 | 5.4 | 2.5 | 7.8 | 5.3 | 2.5 | 7.9 | 5.4 | 2.6 | 8.1 | 5.5 | 2.6 |
| White | 5.6 | 3.8 | 1.8 | 5.6 | 3.7 | 1.9 | 5.9 | 3.7 | 2.2 | 5.7 | 3.5 | 2.2 |
| Black | 15.7 | 10.7 | 5.1 | 14.7 | 10.4 | 4.3 | 14.4 | 10.6 | 3.8 | 15.7 | 11.8 | 3.9 |

* Based on National Center for Health Statistics estimate

**Neonatal** – the period from birth to 27 days; **Post-neonatal** – the period from 28 days to one year; **Infant** – the period from birth to one year;

**Infant Mortality Rate** – calculated in deaths per 1,000 deliveries

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 20:

# Infant Mortality Rates by Race and Hispanic Origin

## Five-Year Average Infant Mortality Rates by Race and Hispanic Origin
## U.S., Delaware, Counties and City of Wilmington, 1982–1999

| Area/Race-Hispanic Origin | 1982-1986 | 1983-1987 | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 10.9 | 10.6 | 10.4 | 10.2 | 9.9 | 9.6 | 9.3 | 9.0 | 8.6 | 8.3 | 8.0 | 7.7 | 7.5 | 7.3 |
| White | 9.5 | 9.2 | 9.0 | 8.7 | 8.3 | 8.0 | 7.7 | 7.3 | 7.0 | 6.8 | 6.5 | 6.4 | 6.2 | 6.0 |
| Black | 18.7 | 18.3 | 18.0 | 18.1 | 18.0 | 17.9 | 17.7 | 17.5 | 17.0 | 16.4 | 15.8 | 15.3 | 14.8 | 14.6 |
| Delaware | 12.2 | 11.8 | 12.1 | 12.3 | 11.3 | 11.5 | 10.9 | 10.4 | 9.3 | 8.9 | 7.9 | 7.8 | 7.9 | 8.1 |
| White | 9.7 | 9.3 | 9.6 | 9.9 | 8.9 | 8.9 | 8.2 | 7.5 | 6.6 | 6.4 | 5.6 | 5.6 | 5.9 | 5.7 |
| Black | 20.7 | 19.9 | 20.6 | 20.7 | 19.6 | 20.0 | 19.8 | 19.9 | 18.2 | 17.0 | 15.7 | 14.7 | 14.4 | 15.7 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 9.8 | 7.9 | 6.6 | 5.2 | 5.5 | 3.4 | 4.0 |
| New Castle | 13.1 | 12.6 | 12.4 | 12.5 | 11.2 | 11.3 | 10.8 | 10.7 | 9.5 | 9.0 | 7.8 | 7.3 | 7.3 | 7.9 |
| White | 10.1 | 9.6 | 9.5 | 9.6 | 8.4 | 8.6 | 7.9 | 7.5 | 6.5 | 6.3 | 5.0 | 4.9 | 4.8 | 4.9 |
| Black | 23.9 | 23.4 | 23.2 | 23.1 | 21.1 | 20.8 | 20.8 | 21.7 | 19.8 | 18.3 | 17.5 | 15.3 | 15.1 | 17.2 |
| Wilmington** | N/A | N/A | N/A | N/A | 20.9 | 20.4 | 19.6 | 19.5 | 18.0 | 16.6 | 15.2 | 13.6 | 12.8 | 13.7 |
| White | N/A | N/A | N/A | N/A | 16.2 | 14.1 | 12.3 | 11.2 | 9.7 | 10.1 | 6.2 | 6.4 | 5.6 | 6.2 |
| Black | N/A | N/A | N/A | N/A | 23.8 | 24.2 | 23.8 | 24.3 | 22.8 | 20.4 | 20.5 | 17.8 | 16.8 | 18.0 |
| Balance of NC Co.** | N/A | N/A | N/A | N/A | 8.6 | 9.0 | 8.6 | 8.5 | 7.5 | 7.2 | 6.1 | 5.9 | 6.0 | 6.6 |
| White | N/A | N/A | N/A | N/A | 7.6 | 8.1 | 7.4 | 7.1 | 6.2 | 5.9 | 4.8 | 4.8 | 4.7 | 4.8 |
| Black | N/A | N/A | N/A | N/A | 17.3 | 16.4 | 17.1 | 18.5 | 16.3 | 16.0 | 14.4 | 12.9 | 13.6 | 16.4 |
| Kent | 9.8 | 9.7 | 11.3 | 11.1 | 11.2 | 11.3 | 11.3 | 9.7 | 9.6 | 8.6 | 8.6 | 8.2 | 9.0 | 8.4 |
| White | 8.7 | 9.3 | 10.5 | 9.9 | 9.4 | 9.0 | 8.8 | 7.3 | 7.3 | 6.5 | 6.8 | 5.9 | 7.1 | 6.3 |
| Black | 13.5 | 11.3 | 14.4 | 15.6 | 17.7 | 19.0 | 19.9 | 17.9 | 17.6 | 15.5 | 15.1 | 16.5 | 15.9 | 15.7 |
| Sussex | 11.6 | 11.0 | 11.8 | 12.8 | 12.2 | 12.2 | 10.7 | 9.7 | 8.3 | 8.7 | 7.9 | 9.0 | 9.4 | 8.5 |
| White | 9.0 | 8.2 | 9.1 | 10.8 | 10.5 | 10.1 | 8.8 | 7.8 | 6.2 | 6.8 | 6.8 | 8.0 | 8.9 | 8.0 |
| Black | 17.9 | 17.8 | 18.5 | 18.0 | 16.8 | 18.0 | 16.1 | 15.3 | 13.7 | 13.9 | 10.4 | 11.1 | 10.4 | 9.9 |

Mortality Rates are deaths per 1,000 live births

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data is not available before the 1989-1993 time period.
Note: All rates for Hispanic are based on fewer than 20 deaths during the period and should be interpreted with caution.

** Wilmington data is not available before the 1986-1990 time period.

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 21:

# Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor (Live Birth Cohort)
Delaware, 1993–1997

| Risk Factor | All Races | White | Black |
|---|---|---|---|
| Birth Weight | | | |
| <1500 grams | 255.2 | 229.8 | 280.3 |
| <2500 grams | 65.4 | 56.9 | 78.9 |
| 2500+ grams | 2.3 | 2.1 | 2.9 |
| Age of Mother | | | |
| <20 | 11.0 | 9.0 | 13.6 |
| 20-24 | 10.4 | 7.6 | 15.8 |
| 25-29 | 6.4 | 5.3 | 11.4 |
| 30+ | 5.2 | 4.2 | 10.5 |
| Adequacy of Prenatal Care | | | |
| Adequate | 6.3 | 4.8 | 12.0 |
| Intermediate | 7.6 | 5.8 | 11.4 |
| Inadequate | 22.0 | 21.0 | 24.1 |
| Marital Status of Mother | | | |
| Married | 5.1 | 4.7 | 7.1 |
| Single | 12.0 | 8.8 | 15.4 |
| Education of Mother | | | |
| <12 years | 10.4 | 9.4 | 12.5 |
| High School diploma | 8.9 | 6.4 | 15.6 |
| 1+ years of college | 4.9 | 3.9 | 10.2 |
| Interval Since Last Live Birth | | | |
| <18 months | 16.2 | 13.2 | 23.8 |
| 18+ months | 5.2 | 4.0 | 8.8 |

Source: Delaware Health Statistics Center

Table 22:

# Infant Deaths by Causes of Death and Race of Mother

## Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother (all birth weights) Delaware, 1994–1998

| Cause of Death | All Races | | White | | Black | | Other | |
|---|---|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| All Causes | 386 | 100.0 | 218 | 100.0 | 158 | 100.0 | 10 | 100.0 |
| Birth Defects | 71 | 18.4 | 56 | 25.7 | 13 | 8.2 | 2 | 20.0 |
| Certain Conditions Originating in the Perinatal Period | 197 | 51.0 | 91 | 41.7 | 100 | 63.3 | 6 | 60.0 |
| Disorders relating to short gestation and unspecified low birth weight (Included in figures above) | 91 | 23.6 | 34 | 15.6 | 52 | 32.9 | 5 | 50.0 |
| Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome) | 47 | 12.2 | 26 | 11.9 | 19 | 12.0 | 2 | 20.0 |
| Infectious and Parasitic Diseases | 15 | 3.9 | 8 | 3.7 | 7 | 4.4 | 0 | 0.0 |
| Unintentional Injuries | 7 | 1.8 | 6 | 2.8 | 1 | 0.6 | 0 | 0.0 |
| Homicide | 3 | 0.8 | 2 | 0.9 | 1 | 0.6 | 0 | 0.0 |
| Diseases of the Respiratory System | 9 | 2.3 | 6 | 2.8 | 3 | 1.9 | 0 | 0.0 |
| All Other Causes | 37 | 9.6 | 23 | 10.6 | 14 | 8.9 | 0 | 0.0 |

Infant deaths are deaths that occur between live birth and one year of age
Percentages are based upon the total number of infant deaths in each race group. Percentages may not add up to 100% due to rounding.
Live Birth Cohort – All persons born during a given period of time.
Source: Delaware Health Statistics Center

Table 23:

## Child Death Rates

### Five-Year Average Death Rates, Children 1-14 Years of Age
### U.S. and Delaware, 1983–1999

| | 1983-1987 | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 34.3 | 33.9 | 33.6 | 33.0 | 32.3 | 31.3 | 30.5 | 29.7 | 29.1 | 28.3 | 27.5 | 26.4 | 25.3 |
| Delaware | 37.8 | 35.3 | 35.3 | 34.3 | 32.0 | 30.1 | 29.7 | 26.3 | 24.3 | 23.2 | 23.4 | 22.4 | 23.1 |

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 24:

## Causes of Deaths of Children by Age

### Five Leading Causes of Deaths of Children 1–19 Years Old, by Age, Delaware, 1995–1999

| Age | Cause of Death | Number of Deaths | Percent |
|---|---|---|---|
| 1–4 Years | Unintentional injuries* | 24 | 34.8 |
| | Homicide | 9 | 13.0 |
| | Congenital anomalies | 7 | 10.1 |
| | Malignant neoplasms | 5 | 7.3 |
| | Diseases of the heart | 5 | 7.3 |
| | All other causes | 19 | 27.5 |
| | Total | 69 | 100.0 |
| 5–14 Years | Unintentional injuries* | 38 | 41.3 |
| | Malignant neoplasms | 15 | 16.3 |
| | Diseases of the heart | 6 | 6.5 |
| | Suicide | 6 | 6.5 |
| | Homicide | 4 | 4.4 |
| | Congenital anomalies | 3 | 3.3 |
| | All other causes | 20 | 21.7 |
| | Total | 92 | 100.0 |
| 15–19 Years | Unintentional injuries* | 94 | 56.6 |
| | Suicide | 18 | 10.8 |
| | Homicide | 17 | 10.3 |
| | Malignant neoplasms | 8 | 4.8 |
| | Diseases of the heart | 4 | 2.4 |
| | Congenital anomalies | 2 | 1.2 |
| | All other causes | 23 | 13.9 |
| | Total | 166 | 100.0 |

* Motor vehicle accidents are included as part of unintentional injuries

Source: Delaware Health Statistics Center

Table 25:

## Teen Death Rates

### Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide, Teens 15–19 Years of Age U.S. and Delaware, 1983–1999

| | 1983-1987 | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 63.8 | 65.2 | 66.4 | 68.1 | 68.7 | 68.9 | 69.0 | 69.1 | 68.0 | 66.1 | 64.3 | 61.4 | 58.3 |
| Delaware | 43.5 | 50.4 | 50.1 | 52.3 | 47.9 | 48.3 | 44.0 | 45.9 | 46.0 | 47.8 | 53.1 | 55.0 | 55.0 |

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 26:

## Traffic Arrests of Teens

### Number of Arrests for Teens Involved in Crashes, Five Year Averages, Delaware, 1992–2000

| | 1992-96 | 1993-97 | 1994-98 | 1995-99 | 1996-00 |
|---|---|---|---|---|---|
| No insurance | 41.0 | 44.0 | 51.0 | 58.5 | 62.4 |
| Disobey traffic devise | 83.6 | 98.4 | 116.4 | 122.8 | 117.2 |
| Unsafe lane change | 50.6 | 56.8 | 64.4 | 78.8 | 84.4 |
| Following too closely | 191.6 | 205.2 | 228.6 | 254.6 | 272.6 |
| Unsafe left turn | 108.0 | 112.6 | 128.6 | 140.0 | 145.4 |
| Entering roadway unsafely | 51.6 | 50.0 | 54.6 | 61.2 | 63.6 |
| Stop sign violations | 156.0 | 168.6 | 180.4 | 188.8 | 186.2 |
| Unsafe speed | 165.2 | 176.8 | 190.6 | 200.0 | 202.2 |
| Careless driving | 373.0 | 398.2 | 427.6 | 434.8 | 435.0 |
| Inattentive driving | 515.4 | 567.4 | 647.4 | 719.0 | 754.6 |
| Driving under the influence | 34.8 | 42.4 | 48.6 | 60.6 | 70.0 |
| Other traffic arrests | 334.8 | 359.6 | 388.8 | 394.8 | 390.2 |
| Average Total Traffic Arrests | 2,105.6 | 2,280.0 | 2,527.0 | 2,714.2 | 2,783.8 |

Source: Delaware State Police

Table 27:

## Violent Juvenile Arrests

### Juvenile Violent Crime Arrests, Delaware and Counties, 1988–2000

| Area | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Delaware | 191 | 214 | 374 | 594 | 537 | 525 | 514 | 588 | 629 | 549 | 557 | 654 | 627 |
| New Castle | 139 | 133 | 251 | 254 | 317 | 328 | 321 | 382 | 414 | 334 | 298 | 361 | 378 |
| Kent | 24 | 38 | 54 | 70 | 107 | 100 | 90 | 93 | 102 | 96 | 121 | 147 | 123 |
| Sussex | 29 | 43 | 69 | 70 | 113 | 97 | 103 | 113 | 113 | 119 | 138 | 146 | 126 |

Source: Statistical Analysis Center

Table 28:

## Juvenile Part I Violent Crime Arrests

### Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–2000

| Crime Type | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Part 1 Violent** | 191 | 214 | 374 | 394 | 537 | 525 | 514 | 588 | 629 | 549 | 557 | 654 | 627 |
| Murder, Nonneg. Manslaughter | 2 | 4 | 5 | 5 | 3 | 2 | 2 | 4 | 8 | 0 | 4 | 0 | 3 |
| Manslaughter by Negligence | 3 | 1 | 0 | 1 | 2 | 3 | 1 | 1 | 0 | 2 | 3 | 2 | 1 |
| Forcible Rape | 39 | 33 | 47 | 50 | 57 | 70 | 47 | 52 | 49 | 62 | 69 | 76 | 60 |
| Robbery | 51 | 28 | 105 | 88 | 133 | 121 | 144 | 171 | 168 | 141 | 137 | 154 | 139 |
| Aggravated Assault | 96 | 148 | 215 | 250 | 342 | 329 | 320 | 360 | 404 | 344 | 334 | 422 | 424 |

Source: Statistical Analysis Center

Table 29:

## Juvenile Part I Property Crime Arrests

### Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–2000

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Delaware | 1,961 | 1,964 | 2,307 | 2,159 | 2,211 | 2,156 | 2,225 | 1,957 | 1,711 | 1,851 | 1,954 |
| New Castle | 1,231 | 1,233 | 1,443 | 1,372 | 1,363 | 1,305 | 1,248 | 1,060 | 824 | 1,010 | 1,020 |
| Kent | 440 | 452 | 528 | 374 | 470 | 415 | 527 | 482 | 470 | 427 | 490 |
| Sussex | 290 | 279 | 336 | 413 | 378 | 436 | 450 | 415 | 417 | 414 | 444 |

* Part 1 Property Crimes: Burglary– Breaking or Entering, Larceny– Theft (Except MV Theft), Arson

Source: Statistical Analysis Center

Table 30:

# Juvenile Part II Crime Arrests

## Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–2000

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Delaware | 3,955 | 4,018 | 3,795 | 4,005 | 3,911 | 4,492 | 4,869 | 4,500 | 4,348 | 5,535 | 6,110 |
| New Castle | 2,556 | 2,649 | 2,260 | 2,363 | 2,173 | 2,456 | 2,637 | 2,441 | 2,135 | 3,214 | 3,677 |
| Kent | 658 | 631 | 695 | 740 | 756 | 852 | 927 | 914 | 956 | 957 | 1,090 |
| Sussex | 741 | 738 | 840 | 702 | 982 | 1,184 | 1,305 | 1,145 | 1,257 | 1,384 | 1,343 |

* Part II Offenses: Drug Abuse Violations (Sales/Manufacturing and Possession), Other Assaults, Fraud, Stolen Property (Buying, receiving, Possessing, etc.), Sex Offences (except Rape and Prostitution), Liquor Laws, Disorderly Conduct, All Other Offenses (Except Traffic), Curfew and Loitering Law Violation

Source: Statistical Analysis Center

Table 31:

# Juvenile Drug Arrests

## Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–2000

| Crime Type | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Drug Offenses** | 163 | 296 | 277 | 374 | 295 | 316 | 398 | 567 | 590 | 576 | 503 | 651 | 723 |
| Drug Sales, Manufacturing | 25 | 55 | 72 | 101 | 65 | 63 | 63 | 84 | 67 | 53 | 51 | 65 | 58 |
| Opium, Cocaine & Derivatives | 21 | 46 | 66 | 90 | 60 | 53 | 57 | 72 | 52 | 40 | 43 | 45 | 32 |
| Marijuana | 4 | 6 | 6 | 9 | 5 | 10 | 6 | 11 | 12 | 12 | 5 | 16 | 24 |
| Synthetic/ Manufactured narcotics | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Other Dangerous Non-Narcotics | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 3 | 4 | 2 |
| Drug Possession | 140 | 241 | 205 | 273 | 230 | 253 | 335 | 483 | 523 | 523 | 452 | 586 | 665 |
| Opium, Cocaine & Derivatives | 53 | 121 | 132 | 205 | 145 | 104 | 118 | 122 | 99 | 128 | 128 | 108 | 108 |
| Marijuana | 83 | 116 | 73 | 63 | 74 | 148 | 212 | 350 | 408 | 362 | 315 | 464 | 544 |
| Synthetic/ Manufactured Narcotics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 |
| Other Dangerous Non-Narcotics | 4 | 4 | 0 | 5 | 11 | 1 | 5 | 9 | 16 | 13 | 9 | 14 | 12 |

Source: Statistical Analysis Center

Table 32:

## 8th Graders Using Substances

### Percent of Participants in Delaware Survey of Public School 8th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 2001

| Area/Gender | Cigarettes | Alcohol | Marijuana |
|---|---|---|---|
| Delaware | 15 | 24 | 15 |
| Male | 13 | 23 | 17 |
| Female | 16 | 25 | 13 |
| New Castle | 15 | 24 | 16 |
| Male | 14 | 23 | 19 |
| Female | 16 | 26 | 14 |
| Kent | 13 | 23 | 12 |
| Male | 11 | 23 | 14 |
| Female | 14 | 22 | 10 |
| Sussex | 16 | 25 | 13 |
| Male | 13 | 23 | 14 |
| Female | 18 | 27 | 12 |

Source: The Center for Drug and Alcohol Studies, University of Delaware

Table 33:

## 11th Graders Using Substances

### Percent of Participants in Delaware Survey of Public School 11th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 2001

| Area/Gender | Cigarettes | Alcohol | Marijuana |
|---|---|---|---|
| Delaware | 23 | 44 | 28 |
| Male | 23 | 47 | 32 |
| Female | 23 | 42 | 23 |
| New Castle | 20 | 42 | 28 |
| Male | 20 | 44 | 33 |
| Female | 20 | 39 | 23 |
| Kent | 25 | 48 | 27 |
| Male | 24 | 52 | 31 |
| Female | 26 | 45 | 23 |
| Sussex | 30 | 48 | 29 |
| Male | 31 | 52 | 33 |
| Female | 30 | 46 | 24 |

Source: The Center for Drug and Alcohol Studies, University of Delaware

Table 34:

# Student Violence and Possession

## Number of Student Conduct Offenses and Number and Percent of Offenders
## Delaware, 1998–99 and 1999–00 School Years

| Student Conduct and State Board of Education Incidents | 1998–99 | 1999–2000 | 98/99–99/00 Change |
|---|---|---|---|
| Number of Student Conduct Reports | 1,535 | 1,363 | –172 |
| Number of State Board of Education Reports | 347 | 409 | +62 |
| Unknown/Incomplete | 0 | 2 | +2 |
| Total Reports Filed | 1,882 | 1,774 | –108 |
| Number of Offenders* | 1,872 | 2,099 | +227 |
| Number of Offenders (Unduplicated) | 1,678 | 1,821 | +143 |
| Percent of Student Population | 1.5% | 1.6% | +0.1 |

* includes a duplicated count for students reported for multiple offenses

**Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

**SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Alternative Schools are not included in county breakdowns but are included in Delaware total.

Source: Delaware Department of Education

Table 35:

# Student Violence and Possession by County

## Reports of Student Violence and Possession
## Delaware and Counties, 1998-99 and 1999–00 School Years

| Number of Offenses | Number of Offenses<br>1998–99 | 1999–2000 | Change |
|---|---|---|---|
| New Castle County | 1,171 | 1,086 | –85 |
| Kent County | 359 | 350 | –9 |
| Sussex County | 280 | 27 | –45 |
| Charter Schools | 72 | 27 | –45 |
| Total State | 1,882 | 1,774 | –108 |

Source: Delaware Department of Education

Table 36:

## Student Violence and Possession by Age

### Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Age
### Delaware, 1999–2000 School Year

| Age Range | Frequency of Offenses | Percent |
|---|---|---|
| 4-6 | 8 | >1% |
| 7-9 | 138 | 7% |
| 10-12 | 372 | 18% |
| 13-15 | 881 | 42% |
| 16-21 | 667 | 32% |
| Unknown | 33 | 2% |
| **Total** | 2,099 | |

**Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

**SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 37:

## Student Violence and Possession by Race/Ethnicity

### Reports of Student Violence (Delaware Code, Title 14, §4112* and SBE**)
### by Race/Ethnicity of Perpetrators
### Delaware, 1999–2000 School Year

| Race/Ethnicity | Frequency of Offenses | Percent |
|---|---|---|
| 4-6 | 8 | >1% |
| Asian/Pacific Islander | 13 | 1% |
| American Indian/Alaskan Native | 4 | <1% |
| Hispanic | 83 | 4% |
| Caucasian | 873 | 42% |
| African American | 1,109 | 53% |
| Unknown | 17 | 1% |
| **Total** | 2,099 | |

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 38:

## Violent Adult Arrests

### Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1987-2000

| | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adult Violent Arrests | 967 | 1,177 | 1,488 | 1,878 | 1,923 | 2,065 | 1,978 | 1,997 | 2,155 | 2,200 | 2,286 | 2,406 | 2,428 | 2,449 |
| Rate | 2.03 | 2.43 | 3.01 | 3.75 | 3.78 | 4.00 | 3.77 | 3.74 | 4.19 | 4.22 | 4.11 | 3.78 | 4.26 | 4.09 |

Source: Statistical Analysis Center

Table 39:

## Violent Adult Arrests, Adults 18-39

### Violent Arrest Rates Per 1,000 Population Adults 18-39 Only, Delaware, 1987-2000

| | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate | 4.08 | 4.90 | 6.13 | 7.65 | 7.79 | 8.32 | 7.92 | 7.94 | 8.54 | 8.72 | 9.09 | 7.89 | 7.80 | 7.96 |

Source: Statistical Analysis Center

Table 40:

## Dropouts

### Delaware Dropouts by Gender, Race/Ethnicity, and Age, Summary Statistics Grades 9-12, 1999-2000

| | | Annual Dropout Rate (%) | Percentage of All Dropouts (%) |
|---|---|---|---|
| Total | | 4.2 | 100.0 |
| Gender | Male | 4.9 | 59.4 |
| | Female | 3.5 | 40.6 |
| Race/Ethnicity | American Indian | 6.7 | 0.4 |
| | African American | 5.6 | 38.8 |
| | Asian | 1.5 | 0.8 |
| | Hispanic | 7.2 | 6.8 |
| | White | 3.5 | 53.7 |
| Age | Less than 15 | 0.2 | 1.5 |
| | Age 15 | 2.9 | 17.4 |
| | Age 16 | 5.2 | 30.4 |
| | Greater than 16 | 9.3 | 50.7 |

Source: Delaware Department of Education

Table 41:

## Dropouts and Enrollment by Race/Ethnicity

### Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12
### Delaware and Counties, 1999–2000 School Year

| Area | Number of Enrolled Students, Grades 9–12 | | | | Number of Dropouts, Grades 9-12 | | | |
|---|---|---|---|---|---|---|---|---|
| | Black | Hispanic | White/ Other | All | Black | Hispanic | White/ Other | All |
| Delaware | 9,665 | 1,341 | 22,535 | 33,541 | 541 | 96 | 776 | 1,413 |
| New Castle | 6,131 | 963 | 12,582 | 19,676 | 341 | 71 | 386 | 798 |
| Kent | 1,842 | 193 | 5,110 | 7,145 | 111 | 11 | 214 | 336 |
| Sussex | 1,692 | 185 | 4,843 | 6,720 | 89 | 14 | 176 | 279 |

Source: Delaware Department of Education

Table 42:

## Dropout Rate and Percentage by Race/Ethnicity

### Dropout Rate and Percentage of all Dropouts by Race, Public School Students
### Delaware and Counties, 1999–2000 School Year

| County | Annual Dropout Rate | | | | Percentage of All Dropouts | | | |
|---|---|---|---|---|---|---|---|---|
| | Black | Hispanic | White/ Other | All | Black | Hispanic | White/ Other | All |
| Delaware | 5.6 | 7.2 | 3.4 | 4.2 | 38.3 | 6.8 | 54.9 | 100.0 |
| New Castle | 5.6 | 7.4 | 3.1 | 4.1 | 24.1 | 5.0 | 27.3 | 56.5 |
| Kent | 6.0 | 5.7 | 4.2 | 4.7 | 7.9 | 0.8 | 15.1 | 23.8 |
| Sussex | 5.3 | 7.6 | 3.6 | 4.2 | 6.3 | 1.0 | 12.5 | 19.7 |

Source: Delaware Department of Education

Table 43:

## Dropouts and Enrollment by Race/Ethnicity and Gender

### Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9–12 Public School Students in Delaware, 1999–2000 School Year

| Gender | Number of Enrolled Students, Grades 9-12 | | | | Number of Dropouts, Grades 9-12 | | | |
|---|---|---|---|---|---|---|---|---|
| | Black | Hispanic | White/ Other | All | Black | Hispanic | White/ Other | All |
| Delaware | 9,665 | 1,341 | 22,535 | 33,541 | 541 | 96 | 776 | 1,413 |
| Male | 4,831 | 676 | 11,642 | 17,149 | 318 | 62 | 459 | 839 |
| Female | 4,834 | 665 | 10,893 | 16,392 | 223 | 34 | 317 | 574 |

Source: Delaware Department of Education

Table 44:

## Dropout Rate and Percentage by Race/Ethnicity and Gender

### Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9–12 Public School Students in Delaware, 1999–2000 School Year

| Gender | Annual Dropout Rate | | | | Percentage of All Dropouts | | | |
|---|---|---|---|---|---|---|---|---|
| | Black | Hispanic | White/ Other | All | Black | Hispanic | White/ Other | All |
| Delaware | 5.6 | 7.2 | 3.4 | 4.2 | 38.3 | 6.8 | 54.9 | 100.0 |
| Male | 6.6 | 9.2 | 3.9 | 4.9 | 22.5 | 4.4 | 32.5 | 59.4 |
| Female | 4.6 | 5.1 | 2.9 | 3.5 | 15.8 | 2.4 | 22.4 | 40.6 |

Source: Delaware Department of Education

Table 45:

## Dropouts by Race/Ethnicity

### Dropouts by Race/Ethnicity, Grades 9–12, Delaware, 1988–2000

| Race/Ethnicity | 1988-1989 | 1989-1990 | 1990-1991 | 1991-1992 | 1992-1993 | 1993-1994 | 1994-1995 | 1995-1996 | 1996-1997 | 1997-1998 | 1998-1999 | 1999-2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Black | 10.2 | 10.0 | 7.9 | 6.2 | 5.8 | 6.8 | 5.8 | 5.3 | 6.1 | 6.4 | 5.2 | 5.6 |
| Hispanic | 14.2 | 11.9 | 8.8 | 7.9 | 5.1 | 6.7 | 7.5 | 8.3 | 7.3 | 8.2 | 6.9 | 7.2 |
| White | 6.2 | 5.4 | 4.9 | 3.0 | 3.6 | 3.8 | 4.0 | 4.0 | 3.7 | 3.8 | 3.4 | 3.4 |
| All | 7.3 | 6.6 | 5.7 | 4.0 | 4.2 | 4.6 | 4.6 | 4.5 | 4.5 | 4.7 | 4.1 | 4.2 |

Source: Delaware Source: Delaware Department of Education

Table 46:

## Teens Not in School and Not in the Labor Force

### Number and Percentage of Teens (16–19 Yrs.) Not in School and Not in the Labor Force
### Delaware, Counties and City of Wilmington, 1990 Census

| Area | Total | %* | White | %* | Black | %* | Other | %* | Hispanic Origin | %* |
|---|---|---|---|---|---|---|---|---|---|---|
| Delaware | | | | | | | | | | |
| High School Graduate | 472 | 1.3 | 310 | 1.1 | 152 | 2.0 | 10 | 0.9 | 5 | 0.5 |
| Not High School Graduate | 1,433 | 3.8 | 811 | 2.8 | 564 | 7.6 | 58 | 5.0 | 57 | 5.5 |
| New Castle | | | | | | | | | | |
| High School Graduate | 313 | 1.2 | 212 | 1.0 | 91 | 2.0 | 10 | 1.2 | 5 | 0.7 |
| Not High School Graduate | 864 | 3.4 | 467 | 2.4 | 357 | 7.8 | 40 | 4.9 | 36 | 5.0 |
| Wilmington | | | | | | | | | | |
| High School Graduate | 63 | 1.8 | 15 | 2.0 | 48 | 2.0 | 0 | 0.0 | 0 | 0.0 |
| Not High School Graduate | 349 | 10.1 | 60 | 7.9 | 270 | 11.1 | 19 | 7.2 | 25 | 7.1 |
| Kent | | | | | | | | | | |
| High School Graduate | 73 | 1.1 | 58 | 1.2 | 15 | 0.9 | 0 | 0.0 | 0 | 0.0 |
| Not High School Graduate | 268 | 4.0 | 172 | 3.6 | 89 | 5.1 | 7 | 2.7 | 2 | 0.8 |
| Sussex | | | | | | | | | | |
| High School Graduate | 86 | 1.6 | 40 | 1.0 | 46 | 4.0 | 0 | 0.0 | 0 | 0.0 |
| Not high school graduate | 301 | 5.6 | 172 | 4.2 | 118 | 10.2 | 11 | 11.6 | 19 | 23.5 |

* Percentage of all teens 16–19 years old
Source: U.S. Bureau of the Census

Table 47:

## Teens Not in School and Not Working

### Three Year Average Percentage of Persons (16-19 Yrs.) Not in School and Not Working
### U.S. and Delaware, 1987–2001

| | 1987-1989 | 1988-1990 | 1989-1991 | 1990-1992 | 1991-1993 | 1992-1994 | 1993-1995 | 1994-1996 | 1995-1997 | 1996-1998 | 1997-1999 | 1998-2000 | 1999-2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 9.6 | 9.3 | 9.4 | 9.6 | 9.8 | 9.6 | 9.2 | 9.1 | 9.0 | 8.6 | 8.3 | 7.9 | 8.0 |
| Delaware | 7.5 | 10.3 | 9.0 | 7.4 | 10.8 | 9.6 | 9.8 | 4.9 | 6.9 | 7.1 | 7.8 | 9.8 | 11.0 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 48:

## Children in Poverty

### Three-Year Average Percentage of Children (0-17) in Poverty
### U.S., Delaware, and Counties, 1989–2001

| | 89-91 | 90-92 | 91-93 | 92-94 | 93-95 | 94-96 | 95-97 | 96-98 | 97-99 | 98-00 | 99-01 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 19.9 | 20.7 | 21.4 | 22.1 | 22.1 | 21.8 | 21.0 | 20.4 | 19.8 | 18.6 | 17.3 |
| Delaware | 11.9 | 11.8 | 10.9 | 12.7 | 12.5 | 13.8 | 13.8 | 15.3 | 15.5 | 16.6 | 16.7 |
| New Castle | 13.2 | 14.8 | 12.9 | 13.2 | 11.5 | 13.9 | 13.0 | 13.3 | 12.7 | 12.8 | 12.5 |
| Kent and Sussex | 10.8 | 7.5 | 7.9 | 11.7 | 14.5 | 13.4 | 15.9 | 18.9 | 20.9 | 22.5 | 23.2 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 49:

## Children in Poverty by Household Structure

### Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure
### Delaware, 1984–2001

| | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | 93-95 | 94-96 | 95-97 | 96-98 | 97-99 | 98-00 | 99-01 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| One Parent | 48.0 | 51.5 | 51.9 | 46.3 | 38.0 | 30.0 | 28.9 | 30.0 | 34.4 | 36.3 | 35.7 | 33.7 | 34.7 | 33.1 | 33.7 | 34.3 |
| Two Parents | 6.5 | 6.1 | 4.5 | 4.3 | 5.1 | 5.4 | 4.3 | 2.2 | 3.2 | 3.4 | 4.2 | 4.3 | 4.3 | 6.3 | 7.1 | 8.2 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 50:

## Income of Families with Children by Family Type

### Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
### U.S. and Delaware, 1989–2001

| | 1989-1991 | 1990-1992 | 1991-1993 | 1992-1994 | 1993-1995 | 1994-1996 | 1995-1997 | 1996-1998 | 1997-1999 | 1998-2000 | 1999-2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | | | | | | | | | | | |
| 1-Parent | 12,067 | 12,610 | 12,617 | 12,730 | 13,187 | 14,187 | 15,233 | 16,177 | 17,142 | 18,369 | 19,702 |
| 2-Parent | 39,233 | 40,747 | 42,213 | 43,680 | 45,300 | 47,100 | 49,133 | 51,467 | 53,775 | 56,575 | 59,408 |
| Delaware | | | | | | | | | | | |
| 1-Parent | 14,567 | 14,667 | 15,000 | 15,667 | 16,133 | 17,167 | 18,467 | 19,100 | 19,733 | 20,233 | 22,133 |
| 2-Parent | 41,200 | 44,237 | 47,570 | 49,033 | 50,867 | 51,167 | 53,403 | 56,900 | 58,969 | 60,436 | 61,855 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 51:

# Subsidized Child Care

### Number of Children in State Subsidized Child Care
### Projected Monthly Averages, Delaware, Fiscal Years 1995–2001

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|
| Delaware Totals | 5,743 | 6,919 | 8,482 | 9,592 | 10,200 | 11,640 | 12,613 |
| Welfare Reform* | 2,427 | 3,366 | 3,742 | 4,262 | 3,743 | 3,200 | 2,351 |
| Income Eligible** | 3,316 | 3,553 | 4,740 | 5,330 | 6,457 | 8,440 | 10,262 |

* The welfare reform numbers refer to the number of children in families who received TANF that year or received TANF child care for one year after leaving the TANF program.

** The income eligible numbers reflect the working poor families below 200% of poverty.

90% of children with authorization to receive subsidized child care attend in a given month.

Source: Delaware Department of Health and Social Services, Division of Social Services

Table 52:

# Free and Reduced-Price Breakfasts

### Average Number of Free and Reduced-Price Breakfasts Served Daily 1993/94–1998/99 School Years and Percent of Total Breakfasts Served 1993/94–1999/00 School Years
### Delaware and Counties

| | 1993-1994 | | 1994-1995 | | 1995-1996 | | 1996-1997 | | 1998-1999 | | 1999-2000* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % | Number | % | Number | % | % |
| Delaware | 12,612 | 82.8 | 12,484 | 82.2 | 12,215 | 82.2 | 14,209 | 81.4 | 13,503 | 79.7 | 77.7 |
| New Castle | 6,272 | 85.3 | 5,806 | 84.6 | 5,579 | 83.8 | 6,353 | 81.8 | 6,482 | 79.9 | 77.4 |
| Kent | 2,604 | 77.7 | 3,133 | 77.3 | 3,073 | 79.3 | 4,157 | 79.7 | 3,280 | 78.3 | 75.7 |
| Sussex | 3,736 | 83.2 | 3,545 | 82.3 | 3,563 | 82.3 | 3,699 | 82.2 | 3,741 | 80.9 | 79.9 |

* Average number of breakfasts served is not available for the 1999-2000 school year

Source: Delaware Department of Education

Table 53:

## Free and Reduced-Price Lunches

### Average Number of Free and Reduced-Price Lunches Served Daily and Percent to Total Enrollment
### Delaware and Counties, 1995/96 – 1999/00 School Years

| | | 1996-1997 Number | % | 1997-1998 Number | % | 1998-1999 Number | % | 1999-2000 Number | % |
|---|---|---|---|---|---|---|---|---|---|
| Delaware | Enrollment | 110,245 | | 112,026 | | 113,082 | | 114,195 | |
| | Free | 32,208 | | 33,834 | | 38,096 | | 30,593 | |
| | Reduced | 6,088 | | 6,955 | | 6,936 | | 6,927 | |
| | Percent Free and Reduced | 148,541 | 34.7 | 152,815 | 36.4 | | 33.8 | | 32.9 |
| New Castle | Enrollment | 64,609 | | 66,154 | | 66,831 | | 66,307 | |
| | Free | 17,720 | | 19,416 | | 21,190 | | 17,553 | |
| | Reduced | 3,223 | | 3,657 | | 3,593 | | 3,663 | |
| | Percent Free and Reduced | | 32.4 | | 34.9 | | 31.9 | | 32.0 |
| Kent | Enrollment | 27,749 | | 24,835 | | 25,005 | | 24,817 | |
| | Free | 7,056 | | 7,024 | | 8,328 | | 6,318 | |
| | Reduced | 1,640 | | 1,853 | | 1,712 | | 1,667 | |
| | Percent Free and Reduced | | 35.1 | | 35.7 | | 33.7 | | 32.2 |
| Sussex | Enrollment | 20,887 | | 21,037 | | 21,246 | | 27,812 | |
| | Free | 7,432 | | 7,394 | | 8,578 | | 6,567 | |
| | Reduced | 1,225 | | 1,445 | | 1,568 | | 1,554 | |
| | Percent Free and Reduced | | 41.4 | | 42.0 | | 40.2 | | 37.2 |
| Charter | Enrollment | | | | | | | 1,259 | |
| | Free | | | | | | | 155 | |
| | Reduced | | | | | | | 43 | |
| | Percent Free and Reduced | | | | | | | | 15.7 |

Source: Delaware Department of Education

Table 54:

## Children Without Health Insurance

### Three-Year Average Percentage of Children Not Covered by Health Insurance
### U.S. and Delaware, Three-Year Moving Average, 1984–2001

| | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | 93-95 | 94-96 | 95-97 | 96-98 | 97-99 | 98-00 | 99-01 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 15.6 | 15.7 | 15.3 | 14.4 | 13.6 | 13.1 | 13.0 | 12.7 | 12.9 | 13.4 | 13.9 | 14.3 | 14.5 | 15.1 | 14.8 | 13.6 |
| Delaware | 15.1 | 15.1 | 14.9 | 11.6 | 11.8 | 11.4 | 13.4 | 10.7 | 10.8 | 10.2 | 12.1 | 12.4 | 13.7 | 14.9 | 12.8 | 10.6 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 55:

## Health Insurance

### Three-Year Average Percentage Persons (0–64) without Health Insurance U.S. and Delaware, 1984–2001

| | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | 93-95 | 94-96 | 95-97 | 96-98 | 97-99 | 98-00 | 99-01 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 17.4 | 17.6 | 17.2 | 16.3 | 15.6 | 15.3 | 15.6 | 16.1 | 16.6 | 17.0 | 17.2 | 17.3 | 17.7 | 18.1 | 18.0 | 17.2 |
| Delaware | 16.9 | 16.9 | 16.7 | 14.1 | 14.0 | 14.2 | 15.7 | 14.2 | 14.0 | 14.2 | 15.8 | 15.8 | 15.7 | 15.7 | 15.0 | 14.0 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 56:

## Poverty Thresholds

### Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years Annual Income in Dollars, U.S., 2000

| | Related Children under 18 years old | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Size of Family Unit | None | One | Two | Three | Four | Five | Six | Seven | Eight + |
| One person under 65 years old | $8,959 | | | | | | | | |
| One person 65 years old or older | $8,259 | | | | | | | | |
| Two people, householder under 65 years | $11,531 | 11,869 | | | | | | | |
| Two people, householder 65 years or older | $10,400 | 11,824 | | | | | | | |
| Three people | $13,470 | 13,861 | 13,874 | | | | | | |
| Four people | $17,761 | 18,052 | 17,463 | 17,524 | | | | | |
| Five people | $21,419 | 21,731 | 21,065 | 20,550 | 20,236 | | | | |
| Six people | $24,636 | 24,734 | 24,229 | 23,736 | 23,009 | 22,579 | | | |
| Seven people | $28,374 | 28,524 | 27,914 | 27,489 | 26,696 | 25,772 | 24,758 | | |
| Eight people | $31,704 | 31,984 | 31,408 | 30,188 | 29,279 | 28,334 | 28,093 | | |
| Nine people or more | $38,138 | 38,322 | 37,812 | 37,385 | 36,682 | 35,716 | 34,841 | 34,625 | 33,291 |

Source: U.S. Census Bureau

Table 57:

## Home Ownership

### Percent of Home Ownership, U.S. and Delaware, 1989–2000

| | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 63.9 | 63.9 | 64.1 | 64.1 | 64.5 | 64.0 | 64.7 | 65.4 | 65.7 | 66.3 | 66.8 | 67.4 |
| Delaware | 68.7 | 67.7 | 70.2 | 73.8 | 74.4 | 70.5 | 71.7 | 71.5 | 69.2 | 71.0 | 71.6 | 72.0 |

Source: U.S. Census Bureau Housing Vacancy Survey

Table 58:

## Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households
U.S. and Delaware, 1984–2001

| | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | 93-95 | 94-96 | 95-97 | 96-98 | 97-99 | 98-00 | 99-01 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 29.2 | 29.7 | 30.4 | 29.2 | 28.1 | 26.7 | 27.5 | 28.1 | 28.8 | 29.3 | 30.1 | 30.5 | 30.8 | 30.7 | 30.4 | 29.9 |
| Delaware | 30.1 | 32.2 | 31.9 | 32.2 | 33.2 | 32.1 | 33.5 | 31.8 | 32.8 | 29.8 | 32.7 | 34.4 | 38.3 | 37.0 | 38.9 | 37.3 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 59:

## Poverty Rates for One-Parent Families

Poverty Rates for One-Parent Female (FHH) and Male (MHH)
Householder Families With Related Children Under 18 Years of Age
Delaware and Counties, 1990 Census

| Area | One-Parent FHH Families | FHH Families below poverty | | One-Parent MHH Families | MHH Families below Poverty | | Risk of Poverty Ratio (FHH vs. MHH)* |
|---|---|---|---|---|---|---|---|
| | | Number | Percent | | Number | Percent | |
| Delaware | 17,625 | 5,609 | 31.8 | 4,083 | 555 | 13.6 | 2.3 |
| New Castle | 11,625 | 3,202 | 27.5 | 2,627 | 264 | 10.0 | 2.8 |
| Kent | 3,193 | 1,257 | 39.4 | 614 | 127 | 20.7 | 1.9 |
| Sussex | 2,807 | 1,150 | 41.0 | 842 | 164 | 19.5 | 2.1 |

* Female-headed one-parent families are 2.3 times more likely to be in poverty than male-headed one-parent families.
Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 60:

## Poverty Rates for Female Householder Families

Poverty Rates for One-Parent Female Householder (FHH) Families
With Related Children Under 18 Years of Age
Delaware and Counties, 1980 and 1990 Census

| | 1980 | | | 1990 | | | |
|---|---|---|---|---|---|---|---|
| Area | One-Parent FHH Families | FHH Families below poverty | | One-Parent FHH Families | FHH Families below Poverty | | Percent Change 1979–1989 |
| | | Number | Percent | | Number | Percent | |
| Delaware | 15,210 | 6,122 | 40.2 | 17,625 | 5,609 | 31.8 | -20.9 |
| New Castle | 10,318 | 4,006 | 38.8 | 11,625 | 3,202 | 27.5 | -29.1 |
| Kent | 2,737 | 1,180 | 43.1 | 3,193 | 1,257 | 39.4 | -8.6 |
| Sussex | 2,155 | 936 | 43.4 | 2,807 | 1,150 | 41.0 | -5.5 |

Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 61:

## Female Headed Families in Poverty

### Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
### U.S. and Delaware, 1986–2001

| | 1986-1988 | 1987-1989 | 1988-1990 | 1989-1991 | 1990-1992 | 1991-1993 | 1992-1994 | 1993-1995 | 1994-1996 | 1995-1997 | 1996-1998 | 1997-1999 | 1998-2000 | 1999-2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 50.9 | 48.5 | 45.2 | 42.4 | 42.9 | 43.7 | 44.0 | 43.1 | 41.7 | 40.2 | 39.3 | 38.3 | 36.9 | 33.4 |
| Delaware | 42.2 | 37.7 | 32.4 | 26.0 | 25.5 | 26.6 | 31.2 | 33.0 | 31.2 | 28.2 | 28.0 | 28.1 | 30.9 | 31.1 |

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 62:

## Child Support Paid

### Percent of Child Support That Is Paid
### U.S. and Delaware, Fiscal Years 1989–2001

| | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 47.6 | 53.0 | 48.0 | 55.4 | 52.7 | 54.0 | 53.0 | 52.0 | 54.0 | 50.8 | 53.1 | 56.1 | N/A |
| Delaware | 61.0 | 58.7 | 58.4 | 59.3 | 56.1 | 59.9 | 62.0 | 61.4 | 60.2 | 61.0 | 55.3 | 58.7 | 56.4 |

Source: Office of Child Support Enforcement - 158 Report and Child Support Enforcement Annual Report to Congress

Table 63:

# Births to Single Mothers

## Five Year Average Percentage of Live Births to Single Mothers by Race and Hispanic Origin U.S., Delaware, Counties, 1984–1999

| Area/Race-Hispanic Origin | 1984-1988 | 1985-1989 | 1986-1990 | 1987-1991 | 1988-1992 | 1989-1993 | 1990-1994 | 1991-1995 | 1992-1996 | 1993-1997 | 1994-1998 | 1995-1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S. | 23.4 | 24.6 | 25.8 | 27.0 | 28.1 | 29.1 | 30.2 | 31.1 | 31.6 | 32.1 | 32.5 | 32.5 |
| White | 15.6 | 16.8 | 18.0 | 19.2 | 20.4 | 21.5 | 22.7 | 23.7 | 24.5 | 25.2 | 25.7 | 26.0 |
| Black | 61.3 | 62.6 | 63.9 | 65.2 | 66.4 | 67.4 | 68.3 | 69.0 | 69.7 | 70.0 | 70.1 | 69.7 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 38.1 | 39.6 | 40.3 | 40.8 | 41.1 | 41.4 | 41.2 |
| Delaware | 26.4 | 27.3 | 28.4 | 29.5 | 30.5 | 31.8 | 32.9 | 33.5 | 34.3 | 35.0 | 35.7 | 36.5 |
| White | 14.2 | 14.9 | 15.4 | 16.3 | 17.3 | 18.6 | 20.0 | 21.5 | 22.7 | 23.7 | 24.4 | 25.4 |
| Black | 66.9 | 68.2 | 68.7 | 69.7 | 70.6 | 72.1 | 72.6 | 73.0 | 73.2 | 72.9 | 72.7 | 72.4 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 45.2 | 46.8 | 49.1 | 50.9 | 51.4 | 50.9 | 51.1 |
| New Castle | 25.5 | 26.3 | 26.7 | 27.6 | 28.7 | 29.8 | 30.7 | 31.8 | 32.3 | 32.7 | 33.4 | 34.2 |
| White | 13.7 | 14.2 | 14.5 | 15.1 | 16.1 | 17.2 | 18.3 | 19.8 | 20.7 | 21.3 | 21.9 | 22.7 |
| Black | 68.7 | 69.5 | 69.8 | 70.6 | 71.5 | 72.5 | 72.8 | 72.9 | 73.0 | 72.3 | 71.9 | 71.8 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 46.5 | 46.9 | 49.4 | 49.4 | 49.3 | 47.8 | 47.5 |
| Wilmington** | N/A | N/A | N/A | 61.0 | 62.6 | 63.7 | 64.7 | 65.5 | 66.0 | 66.6 | 66.9 | 67.5 |
| White | N/A | N/A | N/A | 30.1 | 32.0 | 33.1 | 35.0 | 35.8 | 36.8 | 37.5 | 37.6 | 37.6 |
| Black | N/A | N/A | N/A | 78.9 | 79.7 | 81.1 | 82.1 | 83.0 | 83.7 | 84.2 | 84.0 | 84.5 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 60.7 | 61.8 | 63.4 | 63.3 | 63.2 | 62.4 | 61.2 |
| Kent | 24.4 | 25.9 | 27.1 | 28.4 | 29.6 | 31.3 | 32.4 | 33.6 | 34.6 | 35.3 | 36.0 | 37.3 |
| White | 14.6 | 15.6 | 16.5 | 17.7 | 19.5 | 21.0 | 22.4 | 23.5 | 24.7 | 25.3 | 25.7 | 26.8 |
| Black | 56.9 | 59.2 | 60.6 | 62.0 | 62.4 | 64.8 | 65.9 | 67.0 | 68.4 | 69.0 | 69.6 | 70.1 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 35.7 | 38.1 | 39.6 | 45.8 | 46.2 | 46.9 | 46.7 |
| Sussex | 32.2 | 33.0 | 33.5 | 34.9 | 35.5 | 37.2 | 39.1 | 40.4 | 41.6 | 43.2 | 43.7 | 44.1 |
| White | 16.3 | 17.3 | 18.2 | 19.7 | 20.4 | 22.2 | 24.3 | 26.3 | 28.7 | 31.2 | 32.4 | 33.7 |
| Black | 71.1 | 72.9 | 73.2 | 74.9 | 75.5 | 77.8 | 78.2 | 78.5 | 78.0 | 78.6 | 78.2 | 77.3 |
| Hispanic* | N/A | N/A | N/A | N/A | N/A | 47.5 | 52.0 | 53.2 | 56.8 | 58.0 | 59.0 | 60.5 |

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58. Hispanic data is not available before the 1989-1993 time period.

** Wilmington data is not available before the 1987-1991 time period.

Source: Delaware Health Statistics Center; National Center for Health Statistics

Table 64:

# Unemployment

## Unemployment Rates by Race and Gender
## U.S. and Delaware, 1985–2000

| | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| U.S., Total | 7.2 | 7.0 | 6.2 | 5.5 | 5.3 | 5.6 | 6.8 | 7.5 | 6.9 | 6.1 | 5.6 | 5.4 | 4.9 | 4.5 | 4.2 | 4.0 |
| Male | 7.0 | 6.9 | 6.2 | 5.5 | 5.2 | 5.6 | 7.0 | 7.8 | 7.1 | 6.2 | 5.6 | 5.4 | 4.9 | 4.4 | 4.1 | N/A |
| Female | 7.4 | 7.1 | 6.2 | 5.5 | 5.2 | 5.6 | 7.0 | 7.8 | 7.1 | 6.2 | 5.6 | 5.4 | 4.9 | 4.6 | 4.3 | N/A |
| White | 6.2 | 6.0 | 5.3 | 4.7 | 4.5 | 4.7 | 6.0 | 6.5 | 6.0 | 5.3 | 4.9 | 4.7 | 4.2 | 3.9 | 3.7 | N/A |
| Black | 15.1 | 14.5 | 13.0 | 11.7 | 11.4 | 11.3 | 12.4 | 14.1 | 12.9 | 11.5 | 10.4 | 10.5 | 10.0 | 8.9 | 8.0 | N/A |
| Delaware, Total | 5.3 | 4.3 | 3.2 | 3.2 | 3.5 | 5.2 | 6.3 | 5.3 | 5.3 | 4.9 | 4.3 | 5.2 | 4.0 | 3.8 | 3.5 | 4.0 |
| Male | 5.0 | 4.4 | 3.0 | 3.4 | 3.2 | 5.6 | 7.2 | 5.9 | 5.5 | 4.5 | 4.6 | 5.8 | 4.4 | 3.7 | 4.1 | 4.0 |
| Female | 5.6 | 4.3 | 3.4 | 2.9 | 3.8 | 4.6 | 5.0 | 4.6 | 5.2 | 5.3 | 4.1 | 4.5 | 3.6 | 3.9 | 2.9 | 4.0 |
| White | 4.1 | 3.6 | 2.3 | 2.5 | 2.9 | 4.2 | 5.5 | 4.1 | 4.6 | 3.9 | 4.1 | 3.9 | 3.3 | 2.9 | 2.6 | 3.4 |
| Black | 12.2 | 8.6 | 6.6 | 7.5 | 6.6 | 9.3 | 9.2 | 10.6 | 9.5 | 9.5 | 4.9 | 10.1 | 6.7 | 6.7 | 6.7 | 6.1 |

*Preliminary data, subject to revision
Source: Delaware Department of Labor and U.S. Dept. of Labor, Bureau of Labor Statistics

Table 65:

# Available Child Care

## Number of Licensed Child Care Slots, Delaware, 1990–2000

| | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Child Care Centers* | 14,481 | 15,642 | 16,727 | 17,117 | 18,269 | 19,328 | 20,371 | 23,404 | 24,937 | 25,665 |
| Family Child Care Homes** | 10,400 | 11,070 | 11,891 | 11,459 | 16,412 | 14,935 | 15,197 | 14,297 | 14,067 | 13,309 |
| Large Family Child Care Homes*** | 308 | 336 | 424 | 488 | 514 | 519 | 535 | 601 | 549 | 571 |
| Totals | 25,189 | 27,048 | 29,042 | 29,064 | 35,195 | 34,782 | 36,103 | 38,302 | 39,553 | 39,545 |

* Child Care Center– 13 or more children
** Family Child Care Homes– 1 person caring for no more than 6 children
***Large Family Child care Homes– 2 people caring for a group of 7–12 children
Source: Delaware Department of Services for Children, Youth and Their Families

**Table 66:**

## School Age Programs

### Number of School Age Programs, Delaware and Counties, 2000

| Type of care | Delaware | | New Castle County | | Kent/Sussex County | |
|---|---|---|---|---|---|---|
| | Total | School Age | Total | School Age | Total | School Age |
| Child Care Centers | 255 | 239 | 164 | 156 | 91 | 83 |
| Family Child Care | 1,589 | 1,515 | 972 | 922 | 617 | 593 |
| School Age Only | 77 | N/A | 28 | N/A | 49 | N/A |

Source: The Family and Workplace Connection

**Table 67:**

## Site-Based Public School Age Programs

### Number and Percent of School Age Child Care Located At Schools, Delaware and Counties, 2000–2001

| | Delaware | | | New Castle County | | | Kent/Sussex County | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | School Age | % | Total | School Age | % | Total | School Age | % |
| Elementary Schools | 106 | 70 | 66% | 60 | 45 | 75% | 45 | 25 | 55% |
| Middle Schools | 28 | 1 | 4% | 15 | 0 | 0% | 13 | 1 | 8% |

Source: The Family and Workplace Connection

**Table 68:**

## Child Care Costs

### Weekly Cost in Dollars to Families for Child Care by Child's Age<br>Delaware, Wilmington, and Counties Counties, 2000

| Age | Delaware | | | Wilmington | | | New Castle County | | | Kent/Sussex Counties | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Min. | Average | High | Min. | Average | High | Min. | Average | High | Min. | Average | High |
| 0–12 months | 48 | 96 | 169 | 60 | 103 | 200 | 45 | 112 | 207 | 50 | 80 | 130 |
| 12–24 months | 49 | 91 | 158 | 60 | 97 | 175 | 49 | 106 | 186 | 50 | 77 | 130 |
| 24–36 months | 44 | 88 | 154 | 55 | 92 | 175 | 49 | 103 | 183 | 40 | 74 | 125 |
| 3 years old | 44 | 87 | 150 | 55 | 90 | 173 | 49 | 101 | 175 | 40 | 74 | 125 |
| 4 years old | 44 | 87 | 150 | 50 | 88 | 156 | 49 | 100 | 175 | 40 | 74 | 125 |
| Kindergarten | 18 | 79 | 149 | 30 | 79 | 156 | 10 | 88 | 174 | 25 | 71 | 125 |
| School Age | 13 | 61 | 132 | 25 | 59 | 115 | 10 | 59 | 138 | 15 | 64 | 125 |

Source: The Family and Workplace Connection

Table 69:

# Hospitalizations for Childhood Asthma

### Inpatient Asthma Discharges for Children 0-17 Years of Age by Health Insurance Status
### Delaware, 1994–1999

| | | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|
| **Children Discharged** | Delaware | 435 | 569 | 485 | 513 | 420 | 575 |
| | Medicaid | 224 | 276 | 268 | 311 | 204 | 281 |
| | Non-Medicaid | 211 | 293 | 217 | 202 | 216 | 294 |
| **Readmissions** | Delaware | 87 | 107 | 77 | 79 | 69 | 81 |
| | Medicaid | 60 | 73 | 59 | 57 | 38 | 38 |
| | Non-Medicaid | 27 | 34 | 18 | 22 | 31 | 43 |
| **Total Discharges** | Delaware | 522 | 676 | 562 | 592 | 489 | 656 |
| | Medicaid | 284 | 349 | 327 | 368 | 242 | 319 |
| | Non-Medicaid | 238 | 327 | 235 | 224 | 247 | 337 |
| **Discharge Rate** | Delaware | 3.0 | 3.8 | 3.2 | 3.3 | 2.7 | 3.6 |
| | Medicaid | 6.9+ | 6.5+ | 7.4+ | 8.4+ | 5.6+ | 7.0+ |
| | Non-Medicaid | 1.8 | 2.7 | 1.8 | 1.7 | 1.8 | 2.5 |
| **Readmission Rate** | Delaware | 20.0 | 18.8 | 15.9 | 15.4 | 16.4 | 14.1 |
| | Medicaid | 26.8+ | 26.4+ | 22.0+ | 18.3+ | 18.6 | 13.5 |
| | Non-Medicaid | 12.8 | 11.6 | 8.3 | 10.9 | 14.4 | 14.6 |

Note: + Indicates that the Medicaid rate is statistically higher than the Non-Medicaid rate

Source: Delaware Health Statistics Center

Table 70:

# Child Immunizations

### Percent of Children Age 19–35 Months Who Are Fully Immunized
### U.S. and Delaware, 1994–2000

| | Apr. 1994 – Mar. 1995 | Jan. 1995– Dec. 1995 | Jan. 1996– Dec. 1996 | Jan. 1997– Dec. 1997 | Jan. 1998– Dec. 1998 | Jan. 1999– Dec. 1999 | Jan. 2000– Dec. 2000 |
|---|---|---|---|---|---|---|---|
| Delaware | 81.0 | 75.0 | 81.0 | 81.0 | 80.6 | 80.0 | 76.2 |
| U.S. | 75.0 | 76.0 | 78.0 | 78.0 | 80.6 | 79.9 | 77.6 |

Source: Centers For Disease Control and Prevention

Table 71:

## Lead Poisoning

### Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
### Delaware and U.S., Fiscal Years 1994–2001

| | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|
| # Tested | 7,998 | 8,959 | 9,848 | 9,243 | 9,117 | 9,958 | 10,845 | 14,001 |
| # Identified | 247 | 208 | 166 | 121 | 140 | 64 | 51 | 48 |
| Delaware (%) | 3.1 | 2.3 | 1.7 | 1.3 | 1.5 | 0.6 | 0.5 | 0.3 |
| U.S. (%) | N/A | 1.3 | N/A | N/A | N/A | N/A | N/A | N/A |

U.S. data only available for 1995
Source: Delaware Department of Health and Social Services, Division of Public Health, Childhood Lead Poisoning Prevention Program

Table 72:

## Sexually Transmitted Diseases

### Number and Percent of Teens Ages 15–19 with Gonorrhea and Primary or Secondary Syphilis and Chlamydia*, Delaware, 1990–1999

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|
| Gonorrhea Cases | 1,000 | 850 | 549 | 460 | 769 | 771 | 523 | 452 | 528 | 478 |
| Primary or Secondary Syphilis Cases | 16 | 20 | 7 | 6 | 2 | 1 | 2 | 0 | 2 | 1 |
| Chlamydia* | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 1,237 | 1,211 |
| Total | 1,016 | 870 | 556 | 466 | 771 | 772 | 525 | 452 | 1,689** | 1,690** |
| Est. Population 15-19 yrs. | 46,454 | 46,100 | 45,768 | 45,453 | 45,159 | 44,886 | 45,943 | 47,029 | 48,145† | 49,291 |
| Delaware (%) | 2.2 | 1.9 | 1.22 | 1.0 | 1.7 | 1.7 | 1.1 | 1.0 | 3.5 | 3.4 |

Note: No reliable U.S. data are available.
* The figures for chlamydia are only available for 1998 and 1999.
** The increased totals reflect the inclusion of the chlamydia figures.
† This figure is different the number in the KIDS COUNT 1999 Data Book.
Source: Delaware Department of Health and Social Services, Division of Public Health

Table 73:

## Child Abuse and Neglect

### Reported and Confirmed Reports of Child Abuse/Neglect, Delaware 1993–2001

| Fiscal Year | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|
| Accepted reports | 4,541 | 4,886 | 5,584 | 5,117 | 6,382 | 6,384 | 6,430 | 5,893 | 5,953 |
| Substantiated reports | 1,771 | 1,856 | 1,787 | 1,740 | 2,031 | 2,355 | 1,463 | 1,958 | 1,907 |

Source: Delaware Department of Services for Children, Youth and Their Families

Table 74:

## Foster Care

### Children in Foster Care, Delaware, Fiscal Years 1990–2001

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Average number of children per month | 678 | 743 | 725 | 729 | 793 | 892 | 925 | 828 | 899 | 936 | 980 | 900 |

Sources: Delaware Department of Services for Children, Youth and Their Families
Child Abuse and Neglect: A Look at the States (The CWLA Stat Book), Child Welfare League of America, Inc., Washington, D.C., 1995 and 1997.

# FAMILIES COUNT IN DELAWARE *Resource Guide*

**Delaware Information Helplines**
1-800-464-4357 (in state)
1-800-273-9500 (out of state)

**Volunteer Link**
New Castle County 577-7378
Kent and Sussex Counties 739-4456
Statewide 1-800-815-5465

**State of Delaware Web Site**
www.state.de.us

Delaware Department of Education
302-739-4601
www.doe.state.de.us

Delaware Department of Labor
302-761-8000

Delaware Department of Health
and Social Services
www.state.de.us/dhss

Division of Public Health
302-739-4700

Division of Social Services
302-577-4400

Division of State Service Centers
302-577-4961

Division of Substance Abuse
and Mental Health
302-577-4460

Delaware Department of Public Safety
302-739-4311

Delaware Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www.state.de.us/dsha

Drug Free Delaware
www.state.de.us/drugfree

Office of the Governor,
Dover Office 744-4101
Wilmington Office 577-3210
Statewide 1-800-292-9570

# kids count

# IN DELAWARE

BEST COPY AVAILABLE